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ABSTRACT

The monograph reports on a 3-year project to develop competencies in physical education teachers for dealing with mainstream exceptional students. Results of a survey of physical educators on the types of competencies needed to teach in mainstreamed settings are presented. Adjustments made to the undergraduate physical education program at State University College at Brockport (New York) are illustrated, and 23 competencies associated with mainstreaming are set forth. Principles and guidelines for individualizing instruction are reviewed. The largest part of the monograph (19 papers) present ways to integrate exceptional students in specific sports, including archery, backpacking, field hockey, golf, lacrosse, soccer, snow skiing, racquetball, tennis, and swimming. Two papers on evaluation of the mainstreaming subcomponent conclude the volume. (CL)

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THE PREPARATION OF REGULAR PHYSICAL EDUCATORS FOR MAINSTREAMING

Joseph P. Winnick
and
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(eds.)

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Brockport, N.Y. 14420

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Brockport, N.Y. 14420

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PREFACE

This monograph was designed to serve two purposes. First, it is the final report pertaining to the Undergraduate Mainstreaming Subcomponent of Special Physical Education Grant No. G007701192, Project No. 451AH80025. This project was awarded to the State University College at Brockport, New York by the Department of Health, Education and Welfare, U.S. Office of Education, Bureau of Education for the Handicapped. The Mainstreaming Subcomponent covered a three-year period from June 1, 1976 to May 31, 1979.

Secondly, this monograph was developed to serve as a resource for professional physical educators responsible for undergraduate preservice programs designed to prepare regular physical educators to mainstream programs in physical education. Although the monograph is primarily designed for college and university personnel, many parts have relevance for special physical educators, regular physical educators, regular classroom teachers, special education teachers, administrators, supervisors, parents, paraprofessionals and volunteers who help to integrate persons with handicapping conditions in programs with persons without handicapping conditions.

The monograph begins with an overall description of the undergraduate mainstreaming subcomponent of the special physical education grant project. The overview includes project objectives, major activities associated with the project, the time line and sequence of events, and overview of procedures.

Early in the project it was decided that in order to incorporate competencies important for prospective regular physical educators to mainstream programs, it would be necessary to identify what these competencies are. In order to do this, a survey was conducted which involved one hundred randomly selected members of the New York State Council of Administrators of Health, Physical Education and Recreation or their designees where undergraduate professional preparation programs in Special Physical Education were offered. To conduct this study, thirty-five competencies were identified and respondents rated each competency according to its importance. The results of this study are presented in the next section.

After determining the competencies necessary to prepare undergraduate regular physical educators for mainstreaming programs, the physical education program at Brockport was studied. This study involved two parts. The first dealt with analyzing the present undergraduate program in terms of its capability to provide competencies for mainstreaming. The results of this study and recommendations received from this analysis are presented in the next section of the manual. The second part dealt with incorporating necessary competencies in a proposed competency-based teacher education program (CBTE) in physical education. The results of this study are presented in the next section of the manual.

The next paper that is presented in the manual deals with some general ways of individualizing instruction. This paper was made availabe to all faculty in the teacher education program at Brockport. This paper is followed by one which suggests general techniques of integrating individuals with handicapping conditions with individuals without handicapping conditions in physical education activities. This paper lays the foundation for an analysis of sport activities in terms of specific techniques which may be utilized to include or integrate individuals with handicapping conditions in sports with persons without handicapping conditions. Each of these papers were developed by graduate students in Brockport's program under the direction of the co-editors of the manual.

The final part of the manual deals with evaluation. Methods of evaluating the project, a summary of data collected, and an overall evaluation are presented in the final two papers in the manual.

All of the papers presented in this manual were written by authors who have been involved with Brockport's federally funded Special Physical Education Project. Dr. Ronald W. French served as coordinator of the mainstreaming subcomponent during the first year of the project and Dr. Paul Jansma served as a consultant to the project. Jan Hurwitz, one of the co-editors of the manual, served in a consultative role in relationship to the project. Students whose papers appear in the manual were either graduate assistants or students in graduate courses in Special Physical Education. The project was directed by Dr. Joseph P. Winnick,

The co-editors of the manual would like to thank all of the above mentioned individuals for their contributions to the manual and to the project. In addition, special thanks is given to Debbie Shuster for typing and proofreading the manual. Gratitude is also expressed to William Hillman and Thomas Behrens, Bureau of Education for the Handicapped, U.S. Office of Education. Thomas Behrens served as the Project Officer and William Hillman served as Physical Education Consultant within the Bureau of Education for the Handicapped.

Joseph P. Winnick

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OVERVIEW OF THE UNDERGRADUATE MAINSTREAMING SUBCOMPONENT

by Joseph P. Winnick
Professor
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One of the major changes in the education of the handicapped in the 1970's is to include them into the mainstream of education and society. This change was brought about and supported by parent organizations, federal and state legislation, and court decisions. In the State of New York in 1974, 60,009 handicapped children were mainstreamed. In 1976, this number increased to 104,164. It is clear that if mainstreaming is to succeed in the public schools, teachers need to be educated to mainstream programs. Since physical education is one of the first areas in which special pupils are integrated into the mainstream of education, it was considered very important to develop competencies of prospective physical educators to mainstream programs. The goal of this component was, then, to improve the physical education of handicapped pupils in mainstreamed settings by developing a preservice training program which would develop the competencies needed by regular physical educators to conduct programs that are mainstreamed.

Prior to this project, one preservice course (Adapted Physical Education) was offered within the undergraduate program which prepares physical education teachers at the State University College at Brockport. This course was offered even though it was not required for certification in the State of New York, and it was not required of every student pursuing provisional certification at the State University College at Brockport.

The faculty of physical education at Brockport were concerned about the development of competencies which were necessary to mainstream programs in physical education. Thus, the project was designed to examine and incorporate the implications of mainstreaming in the preservice undergraduate preparation program. In order to attain this goal the following objectives were delineated: (1) study and determine through institutes and other activities the appropriate competencies needed by regular physical educators to conduct programs that are mainstreamed and to determine the adequacy of the existing program for such preparation; (2) identify and propose appropriate modifications and/or changes in the present certification program in physical education; (3) provide inservice activities so the present faculty may implement the program; (4) develop methods of evaluation and evaluate the program.

The major activities conducted to attain these objectives were as follows: (1) plan and conduct a National Symposium on Mainstreaming in Physical Education; (2) determine the competencies required to prepare undergraduate physical educators to mainstream programs; (3) study existing course offerings and make change recommendations so that competencies required for mainstreaming would be presented in the undergraduate curriculum; (4) incorporate competencies required for mainstreaming into the future curriculum, i.e., The Competency Board Teacher Education (CBTE) Program in physical education scheduled for implementation in 1980; (5) provide inservice and consulting services to faculty.

Thus, the undergraduate mainstreaming subcomponent of this project was essentially a planning project. Although a small subcomponent of the funded project, it was designed to identify the competencies which are necessary for preservice, undergraduate regular physical educators to mainstream, analyze the present undergraduate program in terms of ability to provide such competencies and to modify the preservice curriculum so that regular physical educators possess the competencies to reach this goal.

It was proposed that the activities associated with this subcomponent be conducted in a three-year period. The Bureau of Education for the Handicapped (BEH) awarded SUNY Brockport $5,000 in 1976-77, $5,000 in 1977-78 and $7,000 in 1978-79 to develop the mainstreaming subcomponent of the project. Specific procedures, sequence, and timeline for accomplishments are presented below.

First Year (1976-77)

1. Dr. Ronald W. French was selected as project coordinator for the mainstreaming subcomponent.

2. The project coordinator was appointed to serve on the undergraduate Competency Based Teacher Education (CBTE) Committee which was organized to develop an undergraduate CBTE in physical education at Brockport which would be implemented in 1980. This was considered important since competencies for mainstreaming could be considered as the full CBTE program was developed for the regular physical educator.

3. Literature pertinent to mainstreaming was identified and reviewed.

4. A National Symposium on Mainstreaming in Physical Education was conducted at the Americana of Rochester, February 10-12, 1977. The coordinator of the mainstreaming subcomponent of the project as well as the project director were involved in planning and conducting the program. The Symposium was considered an important part of the development of the mainstreaming subcomponent since it provided an opportunity for all faculty in Physical Education at Brockport to become more knowledgeable about the meaning and purpose of mainstreaming, the effects of mainstreaming on physical performance, the teacher competencies required for mainstreaming, inservice approaches which may be employed to develop competencies, the reactions of consumers, and the relationships of various handicapping conditions and mainstreaming. In addition, on-going programs employing mainstreaming were identified and analyzed.

5. An instrument was developed and disseminated to determine the specific competencies required for a physical educator to mainstream a program as perceived by authorities throughout the state and country. The results of the survey are presented in another section of this monograph.

6. During the 1976-77 academic year, the project coordinator provided consultative service to the undergraduate faculty of physical education. Several presentations were made to classes. In addition, materials relative to mainstreaming were developed or collected and were placed in the Physical Education Resource Center.

Second Year (1977-78)

1. Beginning on September 1, 1977, Dr. Joseph P. Winnick replaced Dr. Ronald French as the Coordinator of the Undergraduate Mainstreaming Subcomponent.

2. In the Fall of 1977, the Undergraduate Physical Education Professional Entity CBTE Committee presented their recommendations for a CBTE program in physical education to the faculty. After studying these recommendations the Coordinator of the Mainstreaming Subcomponent made several recommendations which resulted in the addition and revision of several competencies in order that graduates of Brockport's undergraduate program be better prepared to mainstream pupils in physical education. The CBTE program in physical education was subsequently processed through appropriate channels at the College and is scheduled for beginning in 1980. The results of this work are presented in another section of this monograph.

3. Although the CBTE program in physical education is scheduled to begin in 1980, it was thought to be advisable to incorporate competencies in present courses. In order to accomplish this goal, the project coordinator met with all faculty teaching theory courses within the professional preparation program. In meetings with faculty, courses were analyzed in terms of how they might be revised to help students mainstream programs in physical education. Suggestions were made to faculty as to how they might incorportate mainstreaming competencies in their courses. In addition, suggested topics, units, or modules were identified and materials were provided to faculty to help them implement change or additions. In many cases, teachers requested and received auxiliary materials, and in other cases, the project coordinator or other project staff gave lectures in courses. All teachers in the physical education professional preparation entity were provided with a resource manual which contained information pertaining to PL 94-142 and implications for physical education.

4. Toward the end of 1978-79, many faculty incorporated experiences in courses pertaining to PL 94-142.

Third Year (1978-79)

1. In the third year of the project, a third activity was added. As was mentioned previously, the first year's activity was devoted primarily to working with the CBTE Committee to incorporate mainstreaming competencies in the future curriculum which would be implemented in 1980. In the second year, project staff worked with faculty in an attempt to incorporate mainstreaming competencies in existing courses, i.e., courses which would be taught until the CBTE program would be implemented in 1980. In addition to these activities, it was felt that mainstreaming competencies could be incorporated into teaching clinic courses associated with the professional preparation program. It was also felt that mainstreaming competencies might be incorporated in some of the performance courses that were being conducted at Brockport. In order to accomplish this goal, eight graduate assistants in Special Physical Education were assigned to faculty teaching these courses. Each graduate student was assigned a certain number of sport areas and to faculty who teach these courses. The objective was for these students to discuss with faculty how mainstreaming competencies could be incorporated in clinic and/or performance courses. The thrust of

this activity was geared to courses designed to prepare physical education teachers. Since many of the faculty already had expertise in integrating the handicapped in these courses, it was felt that this activity was beneficial to the graduate students as well as to faculty. The results of this effort are evaluated in another section of the monograph.

2. Through the 1978-79 academic year, consultant services were offered and provided to faculty teaching theory courses, clinic courses, and performance courses in physical education. In some instances the project staff delivered presentations to students in the courses.

3. Project staff delivered presentations in student teaching seminars conducted in conjunction with full semester student teaching experiences.

4. During the 1978-79 school year, the results of discussions of faculty teaching current courses in physical education were summarized. A document was developed which indicated topics, units, or modules which would be incorporated into the various courses. This document is presented in another section of this manuscript. It was submitted to the Professional Entity of the Undergraduate Physical Education Unit for approval and it was then submitted to the Undergraduate Physical Education Unit Curriculum Committee for action. On April 25, 1979, this committee accepted the report and approved the identified topics, units, or modules as an addendum to the undergraduate course offerings in physical education.

5. The CBTE program, including competencies required for mainstreaming, was completed by the Undergraduate CBTE Physical Education Committee.

6. The project was evaluated. The results of the evaluation appear in another section of this monograph.

7. A resource monograph was developed pertaining to the project. This monograph served as a final project report.

PREPARING UNDERGRADUATE REGULAR PHYSICAL EDUCATORS FOR MAINSTREAMING*

by Ronald W. French
Paul Jansma
Joseph P. Winnick

Introduction

Within the last few years there has been an undeniable movement to mainstream pupils with special needs particularly in ancillary subjects such as physical education. This movement is in response to societal pressure, litigation and federal/state legislation and has recently reached its legal zenith in the form of PL 94-142 "Education for All Handicapped Children Act of 1975." This act not only mandates that handicapped pupils be educated in the least restrictive environment (mainstreamed), but also requires the development of individualized education programs (IEP's) to meet their needs in physical education as well as other curricular areas.

Although the movement will undoubtedly remain, it raises questions regarding professional preparation. For instance, are there "special competencies" which regular physical educators need in order to mainstream pupils into programs? If so, which of these should be developed at the undergraduate level? How are mainstreaming competencies of regular physical educators distinguished from those of specialists in Special Physical Education? This study was designed to help answer these questions.

Most professional programs designed to prepare regular physical educators at the undergraduate level include a course in the curriculum related to Special Physical Education which attempts to prepare students to teach the individual with special needs. This course surveys the relationship of special conditions of individuals and their involvement in physical education activities. The course also serves as a foundation for students who desire to become specialists in Special Physical Education. In view of present trends in education, it is necessary to determine the suitability of the traditional undergraduate program and this course in terms of their adequacy to prepare regular physical educators to mainstream.

Bundschuh (1976) has discussed the preparation of undergraduate physical education majors for mainstreaming. He suggests that competencies for prospective teachers entering the mainstreamed setting be categorized under three major headings as developed by Sparling (1976). These consist of an area of foundations, an area of specific impairment, and an area of program development. Bundschuh feels that such competencies cannot be obtained from a single survey course but should be developed by an integrated program orientation encompassing the mainstream philosophy.

A preservice training project, designed to prepare regular classroom teachers to work with students with special learning problems, is being conducted at the University of Northern Colorado (1976). The goal of the unit which has been established in physical education is to develop awareness of various techniques of teaching physical education to children with receptive, integrative, expressive and behavioral problems.

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*This paper was published in the American Corrective Therapy Journal. 32:43-48, 1978.

Goldhammer, Rader and Reuschlein (1976) have also designed a project at Michigan State University to develop and implement a program of preservice activities for the purpose of helping teachers develop the skills necessary to teach handicapped students in regular class situations. Curricular areas emphasized in the project are vocational, industrial arts and physical education. The project is separated into phases of planning (1975-76), development (1976-77), and implementation and evaluation (1977-78). The nine content components which have been identified are: Nature of Mainstreaming, Nature of Handicaps, Attitudes, Resource and Support Systems, Learning Styles, Teaching Strategies and Methodology, Curricular and Spatial Modification, Communication and Evaluation.

It is evident from the information presented above that present efforts in the identification of competencies for regular physical educators to mainstream individuals with special needs are still in theoretical and planning stages. It appears reasonable to assume that progress would be enhanced by determining what professionals in the field perceive as necessary competencies for mainstreaming. This study has been designed to determine the undergraduate competencies which are needed by a prospective regular physical educator to mainstream as viewed by selected professional personnel.

Method

A survey was developed to obtain information related to the specific competencies needed by prospective regular physical educators to conduct a mainstreamed class. The survey consisted of 35 competencies which the respondents could rate on a scale from one to six. A score of six meant the competency was "not important" for a physical educator to function in a mainstreamed setting. A score of one indicated "very important."

The survey was mailed to professionals with varying roles in the field of physical education. This total group of professionals was separated into two subgroups. The first subgroup, designated as the Administrative Council subgroup, consisted of 100 randomly selected members of the New York State Council of Administrators of Health, Physical Education and Recreation. While the majority of this subgroup consisted of school administrators and/or teachers, it also included one college administrator, a state education department administrator and two college teachers. The second subgroup, designated as the Higher Education subgroup, consisted of 40 chairpersons of departments of Health, Physical Education, and Recreation or their designees where undergraduate professional preparation programs are offered in Special Physical Education within the United States. There were no duplications in subgroup membership.

Results and Discussion

After two mailings, replies to the survey were received from 60 of the 100 (60%) Administrative Council members contacted and from 32 of the 40 (80%) professionals in the Higher Education subgroup. On receipt of the completed surveys, all responses were transferred to computer score sheets. The mean, median, mode and standard deviation for each survey item were calculated for the total professional group and the responses from the Administrative Council and Higher Education subgroups were compared. The data for the total professional group are presented in Table 1.

The results of this survey show that both the Administrative Council and Higher Education subgroups highly agree that mainstreaming competencies should be gained at the preservice undergraduate level. The mean score for all responses by the total professional group was 2.01. Responses ranged from 1.35 on "the application of first aid and safety procedures..." to 3.59 on "understands the historical development of special physical education." The median points and mode scores of all items were within the "borderline" to "very important" range (refer to Table 1). The total group median was 1.71 with a range from 1.22 to 3.49.

An analysis of modes indicated that 18 of the survey items were judged "very important"; 11 "important"; five "borderline"; and one item was judged both "important" and "very important" (bimodal). All three measures of central tendency generally indicate that for the total professional group, those competencies with scores in the "very important" range relate to direct benefits for pupils and those competencies in the "borderline" range relate to indirect benefits for pupils.

The data were further analyzed to determine if differences existed between the responses of the Administrative Council and Higher Education subgroups. Based on the results of a series of t-tests, statistically significant differences existed in six of the 35 items (refer to Table II).

The Administrative Council subgroup considered the ability to "distinguish and show the relationship of special physical education and therapeutic recreation" and "can define and knows the difference between corrective, adapted and developmental special physical education" to be more important than the Higher Education subgroup. The reason for this is not readily apparent. It is possible that knowing these differences enhances an understanding of role differentiation and thus helps the practitioner to appropriately clarify responsibility on a day-to-day basis for implementing specific programs.

On the other hand, the Higher Education subgroup considered four competencies more important than the Administrative Council subgroup. The first of these was: "understands normal and abnormal growth and development." Although both subgroups indicated that a knowledge of normal and abnormal growth and development is very important, the significant difference in rating by the two subgroups may be due to differences in knowledge base or to the possibility that the importance of this knowledge to teaching has not been fully demonstrated. The second and third competencies were: "can develop prescriptive programs with a resource person or team" and "can interpret evaluations, prescriptions and programs to other professionals in allied fields." These differences seem reasonable since physical educators at the K-12 level have traditionally operated in isolation from other school personnel or, at the least, with minimal contact with supportive personnel. The fourth competency was: "can select and specify goals, aims and objectives for different learning settings." This difference, and those differences cited above in the second and third competencies, are not surprising since the Higher Education subgroup generally attends to a study of overall curricular competency requisites and their application to many settings while "grass-roots" physical educators typically operate in one particular setting.

Table I
Total Professional Group Results*
of a Survey of Undergraduate Competencies
for Mainstreaming

Survey Item	Mean	Standard Deviation	Median	Mode
1. Understands and can apply sound first aid and safety procedures in the conduct of physical education activities for special pupils	1.35	.57	1.22	1
2. Understands the effect of physical activities on physical, social, emotional, and intellectual development of pupils with special needs	1.49	.65	1.34	1
3. Understands normal and abnormal growth and development	1.55	.67	1.42	1
4. Can modify traditional physical education activities for pupils with special needs	1.57	.75	1.38	1
5. Can use numerous motivating and reinforcing techniques to obtain changes in behavior of special pupils	1.63	.78	1.44	1
6. Knows appropriate facilities and equipment utilized in special physical education	1.64	.77	1.45	1
7. Can apply basic special physical education concepts and philosophies	1.67	.88	1.46	1
8. Can modify the physical learning environment for individual, small and mass group participation in mainstreamed settings	1.68	.75	1.53	1
9. Understands the inherent characteristics and functional differentiation of a variety of physical education activities for special pupils	1.72	.78	1.61	1
10. Understands the philosophical basis of special physical education	1.72	1.01	1.40	1
11. Can define and knows the difference between corrective, adapted and developmental special physical education	1.73	.99	1.44	1

Table I (continued)

Survey Item	Mean	Standard Deviation	Median	Mode
12. Knows various verbal and non-verbal ways in which special pupils communicate their physical, mental, emotional and social characteristics	1.76	.72	1.73	2
13. Understands specific conditions/ diseases which may result in motor performance disabilities	1.78	.87	1.60	1
14. Can demonstrate competencies listed above during mainstreamed student teaching experiences	1.79	.85	1.63	1
15. Understands the effect of deviancy on physical and motor performance	1.81	.85	1.69	1
16. Can use a variety of organizational patterns for conducting instruction	1.82	.81	1.73	1
17. Can effectively use and modify selected teaching aids and/or equipment in mainstreamed settings	1.84	.81	1.77	1,2
18. Can develop prescriptive programs with a resource person or team	1.85	.85	1.76	2
19. Can select and specify goals, aims and objectives for different learning settings	1.89	.79	1.85	2
20. Understands contemporary trends in special physical education	1.90	.83	1.84	2
21. Can design a movement progression for special pupils using quantitative and qualitative analysis	1.93	1.00	1.74	1
22. Can prescribe movement correction for special pupils using qualitative analysis	1.95	1.01	1.78	1
23. Can locate and selectively assemble resource and reference materials related to several different physical education activities for special pupils	1.98	.90	1.89	2
24. Can prescribe movement correction for special pupils using quantitative analysis	2.07	1.00	1.96	1

Table I (continued)

Survey Item	Mean	Standard Deviation	Median	Mode
25. Knows a variety of ways for keeping pupils, colleagues and parents informed of the progress of special pupils....................	2.08	.83	2.05	2
26. Can administer and interpret numerous special gross-motor and physical fitness tests...........	2.13	1.00	2.01	2
27. Comprehends the rationale for a multidisciplinary approach and the role of a regular physical educator and special physical educator as part of this approach................	2.16	.95	2.14	3
28. Can interpret evaluations, prescriptions and programs to other professionals in allied fields...............................	2.26	1.03	2.14	2
29. Can distinguish and show the relationship of special physical education and therapeutic recreation..........................	2.28	1.01	2.23	2
30. Understands and can utilize numerous referral procedures..................	2.32	.96	2.26	2
31. Knows federal and state regulations and mandates relating to programs for the handicapped..................	2.39	1.09	2.24	2
32. Knows the roles and contributions of professionals as resources in allied fields........................	2.76	1.15	2.67	3
33. Knows the roles and contributions of professionals within the field of special physical education...........	3.00	1.09	2.95	3
34. Knows the roles and functions of special physical educators and professionals in allied fields in numerous organizational patterns.....	3.17	1.07	3.10	3
35. Understands the historical development of special physical education............................	3.59	1.18	3.49	3

*Rank-order listing of survey items by mean score from "very important" to "not-important."

Table II
Significant Subgroup Differences in Survey Responses

Survey Item	Group*	Mean	SD	t	df	p
3. Understands normal and abnormal growth and development...............	A	1.68	0.72	2.96	88	< .01
	B	1.31	0.47			
11. Can define and knows the difference between corrective, adapted and developmental special physical education...........................	A	1.56	0.77	2.03	42	< .05
	B	2.06	1.26			
18. Can develop prescriptive programs with a resource person or team.......	A	2.00	0.81	2.29	57	< .05
	B	1.57	0.89			
19. Can select and specify goals, aims and objectives for different learning settings.............................	A	2.07	0.76	3.04	64	< .01
	B	1.56	0.76			
28. Can interpret evaluations, prescriptions and programs to other professionals in allied fields.......	A	2.43	0.99	2.19	66	< .05
	B	1.94	1.03			
29. Can distinguish and show the relationship of special physical education and therapeutic recreation..........................	A	2.17	0.88	2.03	51	< .05
	B	2.59	1.16			

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* A=Administrative Council subgroup; B=Higher Education subgroup.

Another reason why some competencies were rated differently by members of both subgroups could have involved some lack of specificity in wording and conceptualization of the competencies. Such words and expressions as: "Inherent characteristics and functional differentiation," "corrective, adapted and developmental special physical education," "qualitative analysis," "quantitative analysis," "multidisciplinary approach," and "in allied fields in numerous organizational patterns" might have been interpreted in different ways, yielding relatively large standard deviations for the survey responses in question and possibly less valid data. This may have accounted for some of the variance in survey responses.

In addition to the 35 item survey, the respondents were given an opportunity to write in additional competencies not included. A few write-in competencies were recommended by the respondents. Write-in suggestions included such selected areas of competence as the development of compassion/rapport, pride, enthusiasm, patience and the ability to program for different chronological ages in the same class.

The overall results indicate that specific competencies do exist which regular physical educators need in order to mainstream pupils in programs. In the final analysis, responses from the total professional group suggest that the 35 competencies in this survey, and perhaps the few "write-in" competencies by the respondents, should be developed at the undergraduate level.

Assuming that the competencies are identified, the next concern is how can they be packaged in the undergraduate curriculum. The adequacy of one introductory survey course in Special Physical Education at the undergraduate level in terms of obtaining necessary mainstreaming competencies is seriously questioned. The investigators are in agreement with Bundschuh (1976) that the development of mainstreaming competencies cannot all occur in a two or three credit course, but rather should permeate the undergraduate physical education curriculum. This training should be spearheaded by the introductory Special Physical Education survey course.

As a note of caution, the possession of these competencies at the undergraduate level will only provide minimal competence to conduct a mainstreamed program. The regular physical educator will still need assistance from supportive personnel in order to actualize a safe and successful mainstreaming situation for handicapped pupils in their physical education classes. Some of this support can be obtained from Special Physical Education teachers/supervisors who have not only developed additional competencies to teach in segregated and mainstreamed settings, but also have refined undergraduate level competencies to a higher degree.

In conclusion, this is an attempt to determine competencies thought to be important for the physical education mainstreamer. It is suggested that other surveys be undertaken that are national in scope involving both "grass-roots" and higher education respondents. The fact that the Higher Education subgroup in this study was a national sample and the Administrative Council subgroup was only a state-wide sample limits generalization. These data however, support the belief that certain mainstreaming competencies should be indicated for all regular physical educators and indicates to a great extent the nature of these competencies at the undergraduate preservice level.

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UNDERGRADUATE COMPETENCIES RELATED TO MAINSTREAMING IN BROCKPORT'S PRESENT PHYSICAL EDUCATION PROGRAM

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Description of the Present Program

At the State University College at Brockport, an undergraduate physical education major must complete a minimum of 54 semester hours to receive provisional certification. The first 30 semester hours are taken within the academic major in physical education. As a part of the requirements in the academic major, the student is required to take six semester hours in performance and 24 semester hours in theory courses. In conjunction and in addition to the 30 hour academic major in physical education, students must complete 24 semester hours in the teacher certification program. The teacher certification program has two options, each consisting of 24 semester hours. The courses in Option I and Option II are presented below.

Option I

PEP 371	Analysis of Movement	3 hours
PEP 375	Teaching Physical Education	2 hours
PEP 376	Elementary School Physical Education	2 hours
PEP 377	Secondary School Physical Education	2 hours
PEP 476	Seminar in Student Teaching Practicum	15 hours

Option II

PEP 372	Adapted Physical Education	3 hours
PEP 373	Tests and Measurements	3 hours
PEP 375	Teaching Physical Education	2 hours
PEP 376	Elementary School Physical Education	2 hours
PEP 377	Secondary School Physical Education	2 hours
PEP 380 - PEP 397	Teaching Clinic Courses	6 hours
PEP 380	Football	
PEP 381	Basketball	
PEP 382	Aquatics	
PEP 383	Gymnastics (rings, parallel bars, etc.)	
PEP 384	Baseball	
PEP 385	Lacrosse	
PEP 386	Track and Field	
PEP 387	Soccer	
PEP 388	Wrestling	
PEP 389	Tennis	
PEP 390	Field Hockey	
PEP 391	Synchronized Swimming	
PEP 395	Rhythmic Activities for Children	
PEP 396	Games and Sports for Children	
PEP 397	Gymnastics (unevens, balance beam, floor exercise, vaulting, parallel bars)	
PHE 475	Student Teaching Practicum	6 hours

In addition and in conjunction with the academic major and the teacher education program, students must meet performance competencies in various sport areas. These sport performance competencies must be completed by all students who wish to receive provisional certification in physical education. The total program in physical education, then, includes a minimum of 54 semester hours plus the attainment of performance competencies.

Procedures

The first step involving faculty in studying mainstreaming competencies on the undergraduate level was to inform them that a proposal for this purpose was being prepared. Faculty members consulted indicated that they were committed to mainstreaming and an analysis of the program to determine whether undergraduate physical education majors were prepared for this role. In addition, appropriate administrative personnel within the faculty supported the thrust of the project and were fully informed of the contents of the proposal.

A short time after funding, a National Consortium on Mainstreaming in Physical Education was held in Rochester, New York. Faculty involved in the teacher education program were invited to attend this conference. In addition, a nation-wide and state-wide survey was conducted to determine the competencies necessary for professional personnel to mainstream programs. The results of this survey were communicated to the faculty at Brockport.

The project coordinator studied the objectives and content of courses presently offered in the undergraduate teacher education program. As a result of this study, one of two activities emerged. Where appropriate, modules were proposed for courses within the curriculum. Where modules were not developed, topics were suggested to and by faculty teaching courses within the undergraduate program. The project coordinator met with faculty members teaching non-clinic courses within the teacher education program. In these meetings, faculty reviewed or suggested modules, topics, or units, and indicated whether they felt they were appropriate for their course. Based on this information, topics, units, or modules were identified for inclusion in courses in the program. At this point, the project coordinator also prepared and disseminated any materials which were requested by the faculty. In many instances, the project staff discussed mainstreaming competencies with the college faculty and in several cases, presentations were made in classes relative to the modules, units, or topics identified for each course. The next step was to revise initial suggestions according to faculty input. These revisions were then submitted in their entirety to the appropriate faculty for their approval and to the undergraduate unit curriculum committee. Since the existing program at Brockport is to be replaced by the CBTE curriculum in 1980, a document, which was designed to serve as an overall addendum to courses with physical education, was submitted to the curriculum committee. The addendum related to the present teacher education course offerings and was approved by the curriculum committee.

The addendum is presented below. For each course in the program, a catalog description is provided, general comments related to the course are presented, experiences to enhance preparation for mainstreaming are discussed, the semester hours are provided, and suggested learning modules are identified.

In many cases, handouts were provided to help faculty implement the identified learning modules. In other cases, faculty themselves have developed units of instruction according to the topics listed.

Efforts to incorporate topics, units, or modules in clinic courses in the program began in September, 1978. Clinic courses are structured around sport/activity areas and are designed to improve teaching or coaching in the particular sport areas. Since many of these courses are offered and many faculty are involved in teaching them, eight graduate assistants in Special Physical Education were assigned to faculty for inservice activity. Each student developed a paper dealing with the integration of pupils with handicapping conditions in a particular sport/activity area. The paper and the background of each graduate student served as a basis for interaction between the graduate students and the faculty teaching clinic courses. Since the inservice activity is still continuing, no formal curriculum changes have been proposed as of May 1979. Preliminary analysis reveals varied results. Many faculty have included topics, units, or modules pertaining to mainstreaming in their courses while others have not changed their course. More information on this activity is presented in the evaluation section of the manual.

A review of the teacher education program at Brockport indicates that only one course pertaining to Adapted Physical Education appears in the program. Since this occurs only in Option II, it is clear that Adapted Physical Education is not a required course in the present program. This has not changed as a result of this project. What has changed is that many of the other courses in the program are incorporating modules, units, or topics to enhance the preparation of undergraduates to mainstream programs. In addition, the undergraduate course in Adapted Physical Education has been revised to develop necessary competencies. The reason why Adapted Physical Education course was not added as a requirement was because of the projected CBTE program which will be implemented in 1980. It was the prevailing opinion that rather than modify the existing program in terms of courses, it would be more important and feasible to incorporate mainstreaming competencies in the new CBTE program and add mainstreaming experiences in existing courses in the curriculum.

Although Adapted Physical Education is not required in Option I, material related to mainstreaming has been incorporated in PEP 476 Practicum and Seminar, which is a 15 semester hour student teaching experience. In the seminar aspect of this course, students have been exposed to concepts pertaining to mainstreaming and a module has been developed which may be referred to as students are involved in their student teaching experiences. Although the time spent in PEP 476 is less than that spent in the undergraduate Adapted Physical Education course in Option II, it is important to know that these competencies have been developed to a greater extent than was previously developed. In the remaining portion of this part of the monograph, the addendum to courses in the teacher education program is presented. Each course is discussed in terms of its experiences to enhance preparation of mainstreaming and any learning modules which have been identified in relationship to these courses.

MOVEMENT ANALYSIS (PEF 371)

Description:

Study and application of internal and environmental factors affecting movement necessary to analyze physical education activity.

General Comments:

This course is required of all students pursuing Option I of the teacher education program in physical education. As a part of the course, students are prepared to describe terminology of various sport skills, demonstrate a knowledge of and apply basic laws and principles of physics to sport movement, and demonstrate the ability to recognize and correct errors of students/athletes in sport movement from film and practical teaching or coaching situations.

Experiences to Enhance Preparation for Mainstreaming:

In order to enhance mainstreamed physical education, instructors of this course have indicated that students may observe and analyze movements of the handicapped in sport movement settings using both film and live performance analysis. Sufficient movement-related programs are presently available in which the performance of the handicapped may be studied and analyzed.

Semester Hours: 3

Suggested Learning Module:

Observation and Analysis of Sport Movements of Persons with Handicapping Conditions

ADAPTED PHYSICAL EDUCATION (PEP 372)

Description:

Adapting physical education programs to meet the physical and social needs of individuals. Corrective and preventive exercises, programs for physical and social development, activities for students with orthopedic lesions, modifications for relaxation and social adjustment. Sample programs are developed including scheduling and final evaluation of results.

General Comments:

This course is required of all students pursuing Option II of the teacher education program. This course is designed for students to understand diseases/conditions of pupils and their relationship to physical and motor performance; to understand the limitations, abilities, and needs of disabled pupils; to understand basic concepts related to special physical education (trends, history, resources, legislation, etc.); to develop a rudimentary understanding of diagnostic/prescriptive techniques to be incorporated in individual education programs; to understand the role of special education in physical education and the role of the special physical educator as a member of the total educational team; to understand and be able to apply behavior management techniques; to understand the foundations for teaching methods particularly relevant to special physical education; to experience teaching a disabled child; and to understand various organizational and administrative patterns in elementary and secondary schools. As a part of this course, students are provided opportunities to work with one or more children with handicapping conditions.

Experiences to Enhance Preparation for Mainstreaming:

It should be clear from the description and general comments presented above that this course is of vital importance in preparing undergraduate physical educators to mainstream programs. In this course students learn about safety procedures important in the conduct of physical education activities for special pupils; further their understanding of the effects of physical education activities on physical, motor, cognitive, and academic achievement; develop their ability to understand abnormal growth and development; learn how to modify activities for pupils with special needs; develop a knowledge of appropriate facilities and equipment which are utilized for pupils with special needs; learn to apply basic concepts and philosophies related to special physical education; learn to modify the physical learning environment for pupils with special needs in mainstreamed settings; learn to define the difference between corrective, adaptive, developmental, special physical education; learn to understand specific conditions and diseases which may result in motor performance disabilities; understand the effect of handicapping conditions on physical and motor performance; understand contemporary trends in mainstreamed and special physical education; learn to prescribe movement corrections for special pupils; develop abilities to design a movement progression for special pupils; learn to locate and selectively assemble resource and reference materials related to mainstreaming special pupils; learn federal and state regulations and mandates relating to mainstreaming; learn or reinforce techniques of individualizing instruction; and they learn techniques of integrating handicapped and regular pupils in mainstreamed programs.

Semester Hours: 3

Suggested Learning Modules:

The Development and Implementation of Individual Education Programs
The Relationship of Selected Handicapping Conditions and Physical
    and Motor Performance
Basic Concepts Related to Integrated Physical Education Programs
The Assessment of Physical and Motor Performance for Children with
    Handicapping Conditions
Methods and Activity Needs for Special Pupils in Physical Education
Techniques for Integrating Handicapped and Regular Pupils
Safety Implications of Mainstreaming
Unique Facility and Equipment Aids
The Philosophical Basis for Mainstreamed Physical Education
Federal and State Regulations Pertaining to Mainstreaming
Liability Issues and Mainstreaming
Practicum

TESTS AND MEASUREMENTS (PEP 373)

Description:

Need for and use of measurement and evaluation in physical education; tests available in the field and critical analysis of their construction and function; study of elementary statistics and administration and organization of testing programs.

General Comments:

This course is presently required of all undergraduate students pursuing Option II of the teacher education program in physical education. Upon completion of this course, students should be able to select, administer, score and interpret one or more selected standardized tests; self-report, performance, and/or observational instruments; organize data and understand procedures for calculating and interpreting selected summary statistics; and understand basic concepts and terminology of test, measurement, and evaluation theory.

Experiences to Enhance Preparation for Mainstreaming:

To enhance mainstreaming, students are expected to know where to find tests, scales, or inventories appropriate and recommended for children with handicapping conditions. Within this course, students are not normally provided an opportuntiy to administer tests to handicapped pupils. They ordinarily are not provided the opportunity to analyze the effects of handicapping conditions on test selection, interpretation, or administration. Students completing the course should be able to distinguish norm-referenced, content-referenced, and criterion-referenced scales and corresponding tests. They receive background to assess present level of performance and to determine whether instructional objectives are being achieved.

Semester Hours: 3

Suggested Learning Module:

Sources of Measurement Techniques Related to the Handicapped

TEACHING PHYSICAL EDUCATION (PEP 375)

Description:

Focus on the decisions and actions of the physical education teacher in relation to his/her role as facilitator of learning. Includes developing personal concepts of the teaching process, analysis of teaching behaviors and styles, learning theories, writing behavioral objectives, evaluation procedures, studying lesson and unit plan formats, and the use of instructional materials. Micro-teaching experiences are conducted in controlled environments.

General Comments:

This course is required of all students pursuing the teacher education certification program in physical education. As the course description indicates, the course deals with developing personal concepts of teaching after reviewing alternative concepts, analyzing various teaching styles and models, analyzing teaching behavior, studying principles of the learning process, writing behavioral objectives, developing lesson and unit plans, skills and knowledge pertaining to audio-visual materials, and studying various techniques of evaluation. Finally, opportunities are provided for students to teach in one-to-one, small group, large group, or simulated settings.

Experiences to Enhance Preparation for Mainstreaming:

This course provides a foundation for teaching physical education and, therefore, is relevant to integrating the handicapped into mainstreamed physical education classes. In learning to write behavioral objectives, students learn information important in developing individualized programs for handicapped children. Instructors of this course have agreed to convey the components of an individualized education program (IEP) to students and show how contents in this course help to develop IEPs. Students in the course participate in micro-teaching experiences which, at times, simulates teaching handicapped children in regular classes. Others may be provided an opportunity to observe integrated classes. However, all students may not have an opportunity to observe or teach in integrated settings. Instructors in this course indicated that they make their students aware of legislation pertaining to the handicapped. However, time constraints prohibit detailed coverage. Instructors are interested in techniques of integrating handicapped and regular pupils and information pertaining to this was disseminated to each instructor.

Semester Hours: 2

Suggested Learning Modules:

Components of an Individualized Education Program (IEP) for Children With Handicapping Conditions
Micro-Teaching
An Overview of Mainstreaming Concepts

ELEMENTARY SCHOOL PHYSICAL EDUCATION (PEP 376)

Description:

The study of the unique elements of elementary school physical education through a variety of learning experiences dealing with: characteristics of children, teachers and environments, purposes, content, and curriculum design for elementary school physical education. Includes the opportunity for observation and participation in an elementary school physical education environment.

General Comments:

This course is presently required of all undergraduate students pursuing the teacher education program in physical education. A portion of this course deals with the organization, sequence, and evaluation of learning experiences. Thus, attention is given to ways of individualizing learning experiences. Since it provides opportunities to learn and observe characteristics of regular pupils, it provides a reference from which to observe and learn characteristics of handicapped children. The course covers the content of elementary school physical education and, thus, provides a basis for program development of handicapped children.

Experiences to Enhance Preparation for Mainstreaming:

1. Since the course provides opportunity to observe and participate in elementary school physical education programs, it was considered appropriate that opportunities be provided to observe and participate in programs which are mainstreamed. It is recommended that students compare characteristics of handicapped and regular pupils, subjectively evaluate the success of and record techniques of individualizing instruction and integrating handicapped and regular pupils.

2. Instructors wished to cover techniques of integrating handicapped and regular pupils in elementary physical education activities. (Suggested techniques are provided to instructors for this purpose).

3. Teachers of the course were receptive to including topics related to mainstreaming as possible choices for students to pursue in depth.

4. Teachers of the course are receptive to receiving information and materials pertaining to mainstreaming.

Semester Hours: 2

Suggested Learning Modules:

Techniques of Integrating Regular and Handicapped Pupils in Elementary Physical Education
Observation and Participation in Mainstreamed Elementary Physical Education Programs

SECONDARY SCHOOL PHYSICAL EDUCATION (PEP 377)

Description:

Focus of the course will be a development of a theoretical understanding of the teacher-learning process in secondary school physical education and the application of these knowledges in designing and conducting learning experiences for youth.

General Comments:

This course is presently required by all undergraduate students pursuing the teacher education program in physical education. Students in the course are prepared to know and utilize various teaching styles, to demonstrate ability in developing unit lesson and resource plans, to demonstrate knowledge of secondary school student characteristics and needs, and to deomnstrate an understanding of curricular designs and their applications. Students are provided opportunities for observing and micro teaching in secondary school settings.

Experiences to Enhance Preparation for Mainstreaming:

1. To the extent of their availability, opportunities are provided to observe and teach secondary school pupils in mainstreamed settings. Students are able to compare the characteristics of children with and without handicapping conditions.

2. Teachers of this course deal with techniques of integrating children with and without handicapping conditions. (Each teacher received a paper on the subject).

3. Techniques of individualizing instruction, which are a part of the course, enhance the integration of children with and without a handicapping condition.

4. Students in the course are offered an opportunity to pursue, in depth, a topic of their choice. The opportunity to select a course project relating to mainstreaming is provided.

5. The implications of Section 504 are applied, as appropriate into the course.

Semester Hours: 2

Suggested Learning Module:

Techniques of Integrating Regular and Handicapped Pupils in Secondary Physical Education

Observation and Participation in Mainstreamed Secondary Physical Education Programs

PRACTICUM IN PHYSICAL EDUCATION (PEP 475)

Description:

Practical experiences in teaching physical education on the elementary, junior or senior high school levels for a half semester under the supervision of an experienced teacher. Opportunities to participate in coaching intramural and varsity sports. Seminar will include discussion of problems relating to the student teaching assignment.

General Comments:

This course is required of all students pursuing Option II of the teacher education program. In this course, students teach for one quarter (seven weeks). The time is evenly divided between elementary and secondary levels. The student observes the sponsor teacher, handles routine procedures, and gradually assumes complete responsibility by taking a part of a class, the whole class and, eventually, the total day's class load. The student also assists with intramural and athletic activities, as appropriate. The immediate supervisor is the sponsor teacher in the school district. In addition, each student is supervised by a college faculty member.

Experiences to Enhance Preparation for Mainstreaming:

Students often are provided an opportunity to teach in mainstreamed settings and student teaching is often conducted in mainstreamed elementary and secondary school programs. However, experience in teaching children with handicapping conditions is not guaranteed. Since students in this option of the teacher certificate program are required to take a course in Adapted Physical Education, they are required to teach one or more children with handicapping conditions. During this student teaching, college students are expected to plan differentiated tasks for pupils of varying abilities and are expected to write appropriate behavioral objectives. To this extent, the abilities to implement mainstreamed programs are enhanced.

Semester Hours: 6

Suggested Learning Modules: none

PRACTICUM AND SEMINAR (PEP 476)

Description:

Involvement in a variety of experiences in a school setting for one semester including student teaching, participation, seminar included to provide ongoing study of theoretical consideration of the teaching/learning environment, organization and administration, and evaluation procedures.

General Comments:

This course is required of all students pursuing Option I of the teacher education program. In this course, students teach for two quarters (approximately 15 weeks). The time is evenly divided between elementary and secondary levels. The student observes the sponsor teacher, handles routine procedures and gradually assumes complete responsiblity by teaching a part of a class, a whole class, and eventually the total day's class load. The student may also assist with intramural/athletic activities, as appropriate. In addition, students are required to participate in a seminar which is associated with the experience. Students are supervised by a sponsor teacher in the school district and by a college faculty member.

Experiences to Enhance Preparation for Mainstreaming:

Students are often provided an opportunity to teach in mainstreamed settings. Since student teaching is often conducted in mainstreamed elementary and secondary school programs, they have an opportunity to observe and work with handicapped pupils in an integrated situation. Unfortunately, experience in teaching children with handicapping conditions is not always available. Since students in this option of the teacher certification program are not required to take a course in Adapted Physical Education, a scheduled two-day seminar has generally included topics related to Adapted Physical Education. In these seminars, students have been made aware of PL 94-142 and its implications for teaching physical education. Unfortunately, the seminar topics dealing with Adapted Physical Education have been no more than two hours.

During their student teaching, college students are expected to plan differentiated tasks for pupils of varying abilities and are expected to write appropriate behavioral objectives. To this extent their abilities to implement mainstreamed programs are enhanced.

Semester Hours: 15

Suggested Learning Modules:

The Implications of PL 94-142 on Teaching Physical Education

COMPETENCIES RELATED TO MAINSTREAMING IN BROCKPORT'S PROJECTED CBTE PROGRAM

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As has been mentioned previously in this manuscript, the State University College at Brockport, Faculty of Physical Education, will implement a newly developed CBTE Program for undergraduate physical educators in the Fall of 1980. The program, which has been in the planning stages for the past several years, includes 143 competencies which students must demonstrate to meet the requirements for provisional certification in physical education. Of these 143, 87 are to be demonstrated in on-campus settings and 56 to be demonstrated in field settings. The 143 competencies developed have been structured under six major categories. Each of the major categories has, in addition, been broken down into sub-categories. The major areas and their sub-categories are presented below.

100 - HAS A COMMAND OF THE SUBJECT MATTER RELATED TO PHYSICAL EDUCATION
110 - Has adequate skills and knowledges about movement description, classification and analysis
120 - Has adequate knowledge of participation in movement forms
150 - Has adequate skills and knowledges in movement forms

200 - DISPLAYS CONSTRUCTIVE PERSONAL AND INTERACTIVE QUALITIES
210 - Moves toward a constructive level of self-awareness
220 - Engages in self-evaluation
230 - Plans for and carries out self-improvement
240 - Displays a theoretical readiness for teaching

300 - FACILITIES MEANINGFUL ASSESSMENT OF PUPIL BEHAVIOR, KNOWLEDGE AND ATTITUDE
310 - In regard to assessment, has a positive influence on the developing selves of pupils
320 - Designs and conducts meaningful assessment
330 - Adequately summarizes and interprets assessment data

400 - CAN THOUGHTFULLY AND THOROUGHLY PLAN INSTRUCTION
410 - In regard to planning, has a positive influence on the developing selves of pupils
420 - Selects and specifies goals, aims and objectives
430 - Selects and develops appropriate learning experiences
440 - Selects, develops and uses materials
450 - Evaluates instruction and instructional design

500 - CAN SUCCESSFULLY CONDUCT AND IMPLEMENT INSTRUCTION
510 - In regard to the conduct and implementation of instruction, has a positive influence on the developing selves of pupils
520 - Can successfully motivate, reinforce and provide feedback to pupils

530 - Provides for individual instruction
540 - Uses a variety of methodologies and teaching techniques

600 - HAS THE NECESSARY ADMINISTRATIVE SKILLS AND KNOWLEDGES
    610 - Has the skills and knowledges relating to facilities and equipment
    620 - Has skills and knowledges relating to administrative practices and procedures
    630 - Has skills and knowledges relating to budgets and budget matters
    640 - Has skills and knowledges relating to public relations
    650 - Has skills and knowledges relating to supervisory functions

As the CBTE program was being developed, competencies for mainstreaming were concurrently studied and incorporated into the program. The total CBTE program includes at least 23 competencies which are potentially directly or closely associated to mainstreaming. The competencies, the criteria associated with them, and comments associated with the competencies are presented in Table I. Although the implementation phase of the CBTE program has not been completed, it appears that these 23 competencies will be acquired. Preliminary analysis indicates that competencies 1, 2, 6, 9, 10, 13, and 14 as applied to mainstreaming would be covered in an undergraduate course or module pertaining to Special Physical Education. Competencies 3, 4, 7, 8, 11, 15, and 16 as they relate to mainstreaming, would be acquired in a field experience which would include children with handicapping conditions. Competencies 5, 12, and 21 would be acquired in the undergraduate's major student teaching experience. Competencies 17-20 would be covered in the academic major in physical education. Finally, competencies 22 and 23, as they pertain to mainstreaming, would most likely be covered in other courses in the professional teacher education program in physical education.

It must be emphasized that, at this point, the competencies and their placement or their projected placement are tentative. While the program has been approved by the undergraduate unit curriculum committee and the college faculty senate, the total package has yet to be reviewed by the college administrative officers, by the State University of New York, and by the State Department of Education. In addition, a committee is currently studying the program for implementation purposes. This portion of the manuscript deals with status as of May 19, 1979. It is anticipated that it will be an additional year before the program and its implementation procedures will be finally approved.

TABLE II
OUTLINE OF COMPETENCIES RELATED TO MAINSTREAMING IN BROCKPORT'S PROJECTED CBTE PROGRAM

Competency Number	CBTE Number	Competency	Criteria	Comments
1	314.1	Knows specific limitations and needs of pupils with motor performance disabilities.	The students score at least 80% on a written exam calling for identification of the specific limitations and needs of pupils with a wide range of motor performance disabilities.	It is expected that this competency will be acquired in a course/module pertaining to Special Physical Education within the Teacher Education Program.
2	321.1	Knows specific conditions/diseases and their effects on physical and motor performance.	The student scores at least 80% on a written exam calling for the identification and description of conditions and diseases which may result in motor performance disabilities.	It is expected that this competency will be acquired in a course/module pertaining to Special Physical Education within the Teacher Education Program.
3	115.3	Can use movement description and analysis to improve pupil performance.	The student works with at least 2 pupils, one of which is to be handicapped, to improve performance of a particular movement; and then prepares descriptions of the efforts and their results.	It is expected that the criterion dealing with the handicapped will be fulfilled in a field experience involving persons with handicapping conditions.

Competency Number	CBTE Number	Competency	Criteria	Comments
4	114.3	Can detect errors and prescribe movement correction using qualitative and quantitative analysis.	The student views a movement performance and prepares an accurate description of errors and an effective prescription for correction of the errors based on qualitative and quantitative analysis of the performance.	It is expected that opportunities will be provided to detect errors and prescribe movement correction using qualitative analysis of persons with handicapping conditions in a field experience involving persons without handicapping conditions.
5	115.4	Uses movement description and analysis to improve pupil performance.	The student consistently and effectively uses techniques of movement description and analysis to detect movement errors and offer suggestions to correct such errors; and, on at least two occasions where pupil performance was improved, submits a written description of the techniques used and the results of their use.	This competency will be demonstrated in the student teaching experience. The student teaching experience may be conducted in a mainstreamed setting.
6	322.2	Can select and design appropriate assessment techniques.	The student scores at least 80% on a written exam which will describe three hypothetical situations at three different developmental levels, one to be handicapped, and will call for the selection of the most appropriate physical, cognitive and value/attitude assessment technique(s) and a defense of each selection.	It is expected that this competency will be acquired in a course/module pertaining to Special Physical Education within the Teacher Education Program.

Competency Number	CBTE Number	Competency	Criteria	Comments
7	412.3	Can plan differentiated tasks to meet the needs and abilities of classes and individual pupils.	The student prepares a written lesson plan that provides at least two alternative tasks to account for the needs and abilities of individual pupils.	It is expected that the criterion dealing with the handicapped will be fulfilled in a field experience involving persons with handicapping conditions.
8	314.4	Uses assessment techniques to ascertain pupil needs.	On at least 3 occasions, the student utilizes assessment techniques to ascertain pupil needs.	It is expected that opportunities will be provided to assess the performance of persons with handicapping conditions in a field experience.
9	412.1	Knows current concepts and trends in meeting the needs and abilities of classes and individual pupils.	The student scores at least 80% on an exam dealing with current concepts and trends requisite to needs and abilities of individual pupils.	It is expected that current concepts and trends pertaining to mainstreaming will be provided in a course/module dealing with Special Physical Education.
10	656.1	Knows the effects of historical and contemporary legislative and judicial decisions on physical education programs and participation in movement.	The student scores at least 80% on an exam dealing with federal and state regulations, mandates and guidelines.	It is expected that the portion of this competency relating to the handicapped will be acquired in a course/module dealing with Special Physical Education.

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Competency Number	CBTE Number	Competency	Criteria	Comments
11	531.4	Conducts alternate and/or modified experiences to provide for different ability levels.	During three different classes, the student provides individualized learning experiences for pupils. (For example: (1) adaptive activities; (2) elective activities; (3) hierarchies of tasks; (4) individualized contracts). The student will not have prior knowledge of the specific classes.	It is expected that the ability to conduct adaptive activities will be acquired in theory courses/modules and/or field experiences involving the handicapped.
12	412.4	Plans differentiated tasks to meet the needs and abilities of classes and individual pupils.	Eighty percent of the student's lesson plans show evidence that the needs and abilities of different classes and pupils have been taken into account.	It is expected that this competency will be acquired during student teaching experiences.
13	542.1	Knows various teaching styles and techniques for effecting the intent of instruction.	The student scores at least 80% on an exam calling for the identification, discussion and evaluation of a spectrum of teaching styles, and of the following teaching techniques: demonstrating, explaining, structuring problem solving experiences, asking questions, giving choice, providing feedback and reinforcement.	It is expected that teaching approaches associated with the handicapped will be learned in courses/modules dealing with Special Physical Education in the Teacher Education program.

Competency Number	CBTE Number	Competency	Criteria	Comments
14	125.1	Knows relationship of human movement to normal and abnormal growth and development from infancy to old age.	The student scores at least 80% on a written exam calling for, in part, discussion of the relationship between human movement and normal/abnormal growth and development. The student scores at least 70% on a term paper including an in-depth treatment of an aspect of this relationship.	It is expected that this competency will be primarily acquired in the academic major in physical education. Aspects dealing with the handicapped may further be developed in a course/module dealing with Special Physical Education.
15	314.3	Can use assessment techniques to ascertain pupil needs.	The student develops a written educational prescription for a hypothetical pupil after randomly selecting and then analyzing one of three sets of data containing the results of physical, cognitive and value/attitude clarification assessments for three different hypothetical pupils. The prescription must contain at least 2 psychomotor, 2 cognitive and 2 affective goals which are consistent with the assessment data and appropriate for the developmental level of the hypothetical pupil.	It is expected that as related to the handicapped, this competency will be acquired in a field experience associated with Special Physical Education.

Competency Number	CBTE Number	Competency	Criteria	Comments
16	323.4	Administers appropriate assessment techniques.	For at least one unit of instruction, the student selects or designs assessment techniques for each skill, ability, knowledge or attitude to be assessed. The techniques must be capable of providing data with which to measure achievement of the objectives of the unit and must be administered according to the procedures established for the techniques and so as not to exceed 10% of the time allotted for the unit.	It is expected that this competency will be acquired in student teaching. In addition, it is expected that an opportunity to asses performance will be provided in a field experience involving children with handicapping conditions.
17	126.1	Knows effects of social factors on participation in movement forms.	The student scores at least 70% on a written exam or paper calling for, in part, the identification and discussion of the effect on participation in movement forms of social factors such as processes of competitive and cooperative interactions, problems of drugs, violence and integration.	It is expected that this competency will be acquired in a course in the academic major in physical education.
18	131.1	Knows factors that facilitate and inhibit motor skill acquisition, performance, retention and transfer.	The student scores at least 70% on a written exam calling for, in part, the identification, discussion and application of factors that facilitate and inhibit motor learning and performance. The student's lab work and/or class discussion demonstrate a working knowledge of such factors.	It is expected that this competency will be acquired in a course or courses in the academic major in physical education. It is expected that the role of handicapping conditions as a factor will be incorporated.

Competency Number	CBTE Number	Competency	Criteria	Comments
19	133.1	Knows the personal and social motives of participation in or resistance to participation in movement forms.	The student scores at least 70% on a written exam calling for, in part, the description and discussion of reasons why people participate in or avoid movement experience. The student's class discussion demonstrates the ability to recognize such motives on a personal level.	It is expected that this competency will be acquired in a course or courses in the academic major in physical education. It is expected that the effect of handicapping conditions in participation will be incorporated.
20	137.1	Knows the historical development of physical education in the United States and its relationship to contemporary purposes, objectives and trends.	Through written and/or oral communications, the student identifies the major relationships among historical and contemporary roles and values of physical education.	To be covered in the academic major in physical education. Extent of coverage pertaining to the handicapped has yet to be determined.
21	413.4	Plans class time to allow for accommodating individual differences and instructional revisions.	Eighty percent of the student's lesson plan shows evidence of planning for adequate and flexible class organization.	To be covered in the student teaching experience.
22	518.1	Knows a variety of sequential competitive and self-testing experiences which pupils would perceive as offering a fair and equal opportunity for success.	The student prepares and turns in a notebook including descriptions of at least two competitive and two self-testing activities which are deemed appropriate for each of the following levels: Grades K-3; Grades 4-6; Grades 7-9; and Grades 10-12.	To be acquired in a course/module in the Teacher Education Program.

8. Attempt one of the methods described in number six in your physical education class. Write both the students' and your own reactions to the method (10 points).

Realizing that the above approach will not satisfy the needs of this monograph for an article concerned with individualized instruction, but still feeling a need to individualize for your needs, I will use the following idea for this article: Since it is my desire to accomplish three things in this article, I will refer you to the first section if you need to know what the philosophy behind individualization is, and what the definition of it is in relationship to this article. Read the second section if you desire to know reasons why individualization is important. Section three will provide you with practical ways of individualizing in your physical education program. I find it necessary to mention here that, although this monograph concerns itself directly with handicapped students, much of this article is written referring to general individualized instruction concepts. As Weisgerber (1974) pointed out, the present principles and practices of individualization are equally appropriate for use with regular and handicapped students.

Philosophy and Definition

Ideas concerning individualized instruction have evolved, essentially, as we have learned more about people themselves. It is apparent to all of us that no two human beings are alike. Some like the warm, balmy beaches of Florida and California, while others thrive on the crisp air and silent snow of cross country skiing. More empirically, research has clearly demonstrated that children differ in interests, aptitude, personality, achievement and attitudes (Gezi, 1975). The knowledges gained from observations and studies of people have combined to form the basic philosophy behind individualized instruction--that different people have different backgrounds, needs, interests, abilities, ways of learning and learning rates that require unique programs to provide for optimum learning.

To give a universally accepted definition of individualized instruction is virtually impossible, for each author has his/her own "pet" definition. Even though the varieties of definitions exist, they all have the above philosophy as their common foundation. For the purposes of this article, individualized instruction will be viewed as the instruction that provides each student with the learning environment that most appropriately matches his or her needs, capabilities, and interests. Two explanations are needed here. First of all, the word "provides" mentioned in the above definition does not assume that the teacher is the provider and the student the receiver. In many cases the student knows his/her needs and capabilities best and therefore may also know the most appropriate learning environment for him/herself. This suggests that "provide" includes both the teacher and student as the provider. Secondly, the phrase "learning environment" does not only refer to the physical environment of the learning situation. Learning environment refers to all aspects involved in learning such as objectives, schedules, content, instructional materials and methods, facilities and evaluation.

The Importance of Individualized Instruction

With the word "individualization" becoming more prevalent on the lips of today's educators, it is no wonder that skeptics have begun to ask why--why should we individualize? What will it do that our traditional teaching has not done? I will attempt to answer these questions based on my own feelings and in light of what many other authors have written. I realize that there will still be many gaps in the answers provided here due to the relative newness of the concept; and I realize that criticisms will still be found. I am leaving myself open to criticism and still forging ahead with my support of individualized instruction. In doing so, I also ask, where would America be now if Columbus had succumbed to his critics?

Reasons upholding individualization range from the absurd to the theoretical to the scientific. A story states that one weekend a principal took a screwdriver and, in a two hour period, replaced all grade signs with level signs. His rationale? He said he had to do it. His superintendent gave orders at a recent meeting that all schools in the district were to be individualized by the beginning of the month (Clark, 1976).

More realistically, a new impetus has appeared in the form of a law that gives education an extra push toward individualized instruction. The impetus is Public Law 94-142 and the idea that all handicapped students will have available to them a free, appropriate, public education. Along with this law (among other things) comes the concept of progressive inclusion. Progressive inclusion is the idea that we want to place a handicapped student into the most regular setting as quickly, successfully and safely as possible. Haring and Krug (1975) demonstrated that individualized instruction can facilitate progressive inclusion. Their study showed that mentally retarded, elementary aged students provided with individualized programs could more easily return to regular classes.

At this point, I will "hop on the bandwagon" of the many who make theroetical claims concerning individualization. Durio (1976) feels that it is important because it allows for flexible timing to suit the learner's need, it helps develop self-responsibility because the learner is more responsible for learning, and because it allows for more humanistic teacher-student encounters. Blake et. al. (1975) add that the merits of individualized instruction are found in the following: students progress at their own rate; all students have success; all students are constantly active; a variety of skills can be available at one time; the program is low key competition-wise; teachers are free to help on a one-to-one basis; and students of various abilities can work together, thereby fostering appreciation of individual likenesses and differences. Perhaps a little more close to home, Case (1976) states that up to this point educators have almost guaranteed failure for many because we have not built the proper foundation for students who were not ready to begin building when we said building should start. He went on to say that the failure feelings that we have created in students implant a negative self-concept within them. Perhaps if the individual needs of students had been considered from the start, and individualized instruction was available to them, so many people would not be walking around with "failure" stamped on their records and self-concepts.

At this point, I know someone out there is thinking, "hog-wash." Theoretical claims are like ants on the sidewalk when compared to research. We step on both ants and sidewalks when walking, the only difference being that one will exist the next moment, the other will not. Likewise, we read about both claims and research but the claims fade quickly from memory, while research is cited for years to follow.

Although much more research must be completed concerning individualized instruction (especially in the physical education field), studies have been done whose findings point to two conclusions--we should individualize or there is no reason why we should not individualize. Yarber (1975) found that the contract method was neither inferior nor superior to traditional grading methods in a ninth-grade health class. In over 145 studies reviewed by Miller (1976) and Jernstedt (1976), it was demonstrated that students in individualized groups performed equal or superior to students in traditional groups on such scores as final exams, achievement, attitude, retention, transfer, self-concept and self-esteem. Taylor (1975) found that average and poor college students performed much better, and good students somewhat better, in individualized courses. In a study involving behaviorally disturbed males, Stein et. al. (1976) showed that the students provided with individualized treatment programs demonstrated significant gains in educational skills and had a low dropout rate.

You have now been provided with a variety of reasons stating why you should individualize instruction. Hopefully you have accepted some or all of them, or have some personal reasons for supporting individualization. These first two sections have set the stage and the following will tell just how you can implement this concept called individualized instruction in your program.

How to Individualize Instruction in Physical Education

There are many ways to discuss the idea of individualizing physical education programs. Some authors have provided us with continua whose components range from the traditional approach to pure individualization. Some others have offered several suggestions on ways to individualize, with each separate author providing his/her own categories. For the purposes of this section, I have decided to start from the following standpoint: given a physical education program (whose students are either special, normal or combinations of both), what areas can we individualize and how can we do it?

I find it necessary here to note that special education has recently taken a big step toward individualization as a result of the previously mentioned Public Law 94-142. This law called for each handicapped student to be provided with an individualized education program (I.E.P.). An I.E.P. is a written program that states the student's present level of performance, annual goals for the student, short-term objectives, supportive services as well as media and materials needed, the extent to which the child will be in the regular program, the date of initiation and duration of special services, and the evaluation of objectives (criteria, procedures, scheduling) at least on an annual basis. The I.E.P. is, in the purest sense, individualization for a handicapped student's special needs. As may have occurred to you, I.E.P.'s written for all students would insure that each student would be provided for individually to the fullest extent. Maybe this will be the next step taken toward individualized instruction in regular education.

In disucssing areas of individualization in physical education programs, I see the following areas as being important: facilities, instructional materials, scheduling, content, objectives, instructional strategies and methods, and evaluation. Each of these areas will be discussed separately, with suggestions made on how they may be individualized.

Facilities

With the recent concern about the accessibility of public buildings to all persons, it is apparent that many of our schools have not been built to provide for all students' needs (especially the physically handicapped). Think about your school. Are there stairs leading into the school or inside of it that would inhibit the movement of a wheelchair student? Are the restrooms accessible? How wide are doors? These are only a few questions and they may not relate directly to the physical education program. There are things that need to be done with facilities that relate to our programs. Structurally, barriers such as doors and stairs that lead to the gymnasium have to be removed. The locker rooms should be large enough so that easy movement is possible and the shower facilities need railings and seats. The pool should also have railings and a ramp leading into it. Environment-wise, the temperature of the pool and gymnasium areas should be at a degree most conducive to activity. The lighting and the surroundings of the gymnasium should also be considered. A partially blind student may work well with certain areas illuminated more than others and with bright colors, while a highly distractible or hyperactive student may need quite the opposite. Another possiblity is having private practice areas within your gymnasia for those students who are not comfortable making first attempts at a skill available for inspection by the entire class. All of the previous are suggestions for individualizing facilities, some being more universally necessary than others. I realize that some suggestions contradict each other. The most important guideline to keep in mind (and pertaining to this entire section) is to know your students' individual needs, choose appropriate suggestions and do the best you can.

Instructional Materials

Closely related to facilities are instructional materials that are used in everyday teaching. Some ways to individualize instruction through materials are the following: have a variety of visual aids for all skills (many students learn better visually than verbally, and this will also help if there are deaf or partial hearing loss students in your class): have access to braille materials for the blind or partially sighted; and have various adapted equipment (light-weight balls and bats, long scooters, wide balance beams, low baskets, goal locators...).

Scheduling

Certain organizational patterns lend themselves to individualizing better than others. First of all, flexible scheduling (a schedule of time modules of different lengths) allows students to attend classes for various lengths of time depending on need. This type of scheduling also allows groups of varying sizes and similar needs to be formed, thus providing for individual length-of-practice and group-size needs. Obviously, in traditional scheduling, where intact classes come as groups, the above named needs are far from being met.

Additionally, another type of organizational pattern is available to help provide for students with special needs--that of having integrated, separate, dual and flexible components. Integrated classes are those in which the handicapped are combined with the regular class. Separate classes are for those children who cannot participate safely, successfully and with satisfaction in the regular program. (There are both permanent separate classes, in which the student may never be able to be in an integrated class, and the transitory separate class, in which attempts are made to allow the student to function in an integrated class). In dual classes the student participates in the regular program for X number of days and is in a separate program for special needs for X number of days. Flexible patterns are those in which the student is assigned to an integrated class except for units in which he/she cannot participate. In those cases, the student is assigned to a class having a unit in which he/she can appropriately participate. Whichever of the above choices in scheduling are made, each will help satisfy some particular need.

Content

Elliot and Coppedge (1976) explain four levels in which the content can be indiviudalized. The levels are the following: the remedial level helps resolve learning deficiencies (e.g., a need is seen for classes in ball handling skills, basic tumbling...); the common level is content judged appropriate to all (e.g., requiring all students to take and pass beginning swimming); the optional-required level means content found valuable to all students but they have their choice of how much (e.g., take at least one individual, dual or team sport); optional-enrichment courses are those found valuable but not required (e.g., orienteering, self-defense...). Because the above appears to relate to the high school program, I would like to mention that the elementary content can be individualized too. As will be demonstrated later, some time can be set aside during which students can be provided with the chance to work with any equipment available. This gives the student the choice of what he/she likes most or needs most.

Objectives

Instructional objectives can be individualized in two ways. First of all, Clark (1976) suggests that they should be stated in performance terms and listed in a progression. This affords the opportunity to plug students into their levels of ability or need. A second, more indirect way of individualizing objectives deals with who chooses the appropriate objective level. More traditionally, the teacher chooses the level. A more individualized way would be for the teacher and student to negotiate the appropriate level. The most personalized method would be for the student to choose his/her appropriate level.

Instructional Strategies and Methods

Many ways now exist in which the strategies used in instruction can be individualized. Let us keep in mind that if we wanted to provide the highest level of individualized instruction, we would want one teacher for each student. Since this is a rare situation, the following is a list that identifies and explains some other techniques for individualizing. Each one of the following strategies contributes to individualized instruction in varying degrees and in one or more of the following ways: varies the length and pace of practice time; allows for different methods of practice; allows for various group sizes and compositions; provides special materials, environments and evaluation procedures.

Diagnostic and Prescriptive Teaching

This is a most important strategy that actually should be included in all of the following methods and strategies. It involves preassessing student needs, abilities, attitudes and interests (by the teacher, negotiated teacher-student or student) and then placement of the student in the most appropriate instructional area or level. An example of this in special physical education is Project ACTIVE (All Children Totally Involved Exercising). This program involves diagnostic and prescriptive teaching for handicapped students in grades preK-12. It includes the areas of low physical vitality, low motor ability, postural abnormalities, nutritional deficiencies, breathing problems. motor disabilities or limitation, communication disorders, and mental retardation and learning disabilities. Additionally, it offers a competency-based training program to provide teachers with: 1) the necessary skills for implementing an adapted physical education program; 2) materials concerned with handicapping conditions; 3) diagnostic-prescriptive curriculum manuals; and, 4) consultation services for program implementation.

Team Teaching

More than one teacher is available to a group at one time.

Peer and Cross-Age Teaching

Mosston (1966) has much to say about the advantages of peer teaching. Peer teaching is exactly what it says it is and can range from two-student reciprocal teaching to small group instruction. Cross-age teaching involves the use of other students, who are not directly involved in the particular class and are of a different age, as teacher aides.

Task Cards

Students work at their own pace on a series of teacher designed, progressive tasks. A type of task card system has been developed by Auxter (1971) for his individually prescribed instruction (IPI) program for perceptual motor development. Auxter has successfully used his task card program (which is based upon picture codes that describe skills to be performed, equipment used, and direction of movement) with trainable mentally retarded students.

Learning Stations

These are designated areas that provide pictures, drawings, and/or verbal descriptions of skills to be performed at them.

Modules

Modules are short units of instruction dealing with single concepts of a subject matter (e.g., soccer passing, heading...). They include objectives, inputs and practices that may be used to obtain the objectives. An example in special physical education is the I CAN program. This is a diagnostic and prescriptive teaching program that focuses on modules for the development of fundamental skills, body performance objectives for various skill levels, mechanical analyses of skills, ways of assessing and recording performances, and specific instructional activities and game recommendations. Most important, it stresses individual assessment of objectives in modules and identifies focal points of instruction for each student.

Individual Learning Packets

These are units of instruction that include objectives, pretests, learning activities (can be modules), self-evaluation or assessments, post-tests and additional learning opportunities. Refer to Heitmann and Kneer (1976) for a complete guide for designing these.

Resource Centers

These are designated places containing materials on a particular skill or skills. They can contain books, filmloops, films, tapes, charts, and learning packets.

Contracts

A method whereby a teacher chooses tasks, assigns values to the tasks, places limitations on choices; the student receives reinforcements (points or grades) upon completion of the various agreed upon assignments (Annarino, 1974).

Directed Study

The teacher designs learning tasks that the student completes in a given amount of time at his/her own rate.

Independent Study

The student designs and the teacher approves learning tasks which will be completed by the student in a given amount of time.

Open Gym

A remedial type of program where the gymnasium is set up into many learning stations and students are free to work on any area.

In addition to the above instructional strategies, several things may be done that will provide for an individual's needs within the group game situations that will help equalize competition. Some of the following suggestions were made by Vodola (1973, p. 199):

1. Reduce the size of the playing area (add more players, change boundaries, reduce the distance a child has to cover).

2. Shorten time periods.

3. Increase or decrease the size of the equipment (increase the striking implement, the ball or the target; use lighter equipment; decrease the height of baskets).

4. Modify the rules so that they do not contain as many conditions that limit success (permit sitting positions, allow two hands instead of one where accuracy or power are desired, kick rather than strike or vice versa).

5. Soften landing areas with mats.

6. Change the type of signals.

7. Use guidewires, handrails, different sounding surfaces or textures, and similar devices.

Evaluation

There are several ways in which the evaluation process can be individualized. First of all, evaluation criteria can be based on the preassessment level of students and the progress made from that level, instead of some universal norm for all students. This idea is the underlying evaluation technique of many of the instructional strategies and methods mentioned previously. Another way of individualizing the evaluation process is to obtain student input on the criteria level they think is most appropriate for themselves. Finally, students may be provided with the opportunity to choose (from a variety of evaluation methods provided for by the teacher, students or both) in which evaluation method they want to be involved.

In conclusion, there are many areas in physical education programs that can be changed or modified so that more individualized instruction can be provided for students. Not each student will respond to, need or be able to handle all of the suggestions named in this section. Remember, use your knowledge about your students to help you in choosing the most appropriate individualized instruction techniques.

Summary

I have tried to provide you with a foundation, upon which you may introduce individualized instruction into your program. I have provided you with the philosophy and definition of individualized instruction. Many points were brought out on why we should individualize our programs. The third section listed practical suggestions for how it may all come about. No, we are not wonder women or bionic men and we will not change the course of the entire world within the realm of our programs through individualizing instruction. But if we individualize, we will be able to truthfully say that we are doing our best to provide for each individual's special needs. Really, is that not part of each of our dreams about the ideal American education?

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TECHNIQUES FOR INTEGRATING HANDICAPPED AND REGULAR PUPILS IN MOTORIC ACTIVITIES

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With the passage of PL 94-142, it is now mandated that the handicapped be educated in the least restrictive environment, i.e., mainstreamed. More and more of the handicapped, thus, will be progressively included with "regular" pupils in "regular" classrooms. Including the handicapped in regular settings, however, does not guarantee integration, i.e., blending handicapped and regular pupils to make a whole unity. Successful education and integration does not occur automatically, but requires effort and planning. Successful integration and education of regular and handicapped pupils requires the implementation of creative teaching strategies. It is necessary for educators to implement strategies which individualize instruction and, in addition, stimulate and enhance the integration of regular and handicapped populations. Of these two, integration is the focus of this paper.

The need for techniques to integrate regular and special pupils rests on the assumption that mainstreaming is a socio-educational concern. As generally prescribed, individualization falls short in satisfying goals of mainstreaming since it may be characterized by children working and learning in the physical presence of each other but not interacting with each other in a substantive manner. If a major goal of PL 94-142 is to bring the handicapped into the mainstream of society through education, then the educational setting must be characterized by interplay, interaction, and involvement between handicapped and regular pupils. This means that the handicapped should not only be included in regular settings, but be integrated in regular settings.

The techniques presented below are designed to enhance integration through interaction, interplay, and inter-involvement. They are techniques which are designed to involve the handicapped in the same activities which are conducted for all pupils without placing their education or that of regular pupils in jeopardy. They are presented on the assumption that one goal of education is to prepare individuals to play and work with various members of society. Some techniques which enhance the integration of handicapped and regular pupils appears below.

When including handicapped and regular pupils in the same settings:

1. Modify activities to equalize competition.

There are many ways in which competition may be equalized. Many of these are comparable to "handicaps" which are given to opponents in sports such as golf and bowling. If all competitive sport contests are assumed to be played to determine a winner under a given set of conditions of playing, there is no logical reason to refute the concept of "handicaps" in sport activities. One way of equalizing competition is to give different duties or functions to handicapped pupils in physical activities. For example, in a running relay, a one-leg amputee is given a distance handicap and is required to run only half the distance to a goal and return to the starting point. A second way of equalizing competition is to permit special pupils to use equipment which makes performance easier. For example, the handicapped child may use a large rather than a small plastic bat when playing whiffleball. A third way of equalizing competition is to reduce skill complexity for the handicapped during activity. For example, a visually handicapped youngster may be permitted to kick a stationary ball rather than a rolling ball when playing kickball.

2. Permit the substitution or interchange of duties.

The substitution of duties is exemplified by a "courtesy" runner in softball or baseball. In relation to the handicapped, these games could be modified to permit able-bodied children to run for lower-limb orthopedically impaired children. The shaming of duties is exemplified by allowing the visually handicapped to run bases with a sighted partner in a game such as kickball.

3. Include activities in which contact is made and maintained with a partner, small group, or object.

There are several "regular" games and activities which are characterized by continual or close contact between partners or small groups of children which may be employed when integrating handicapped and regular pupils. For example, blind, retarded and deaf children may successfully engage in activities such as tug-of-war, chain tag, square dancing, ahd wrestling because continual or close contact is made with partners, team members, or opponents. Visually impaired youngsters may use a rail to guide their approach in bowling. If shot-put circles are outlined with plywood strips rather than chalk, the visually impaired may compete successfully.

4. Modify some activities in a way in which regular pupils assume the impairment of the handicappped.

If overused, this technique may place the appropriate education of non-handicapped children in jeopardy. However, there are many instances where this technique may be a very useful strategy in educating all children. For example, able-bodied children may assume a lower-limb handicap by hopping on one foot in a relay. All pupils may be blindfolded while playing blind-man's bluff.

5. Analyze positions according to the abilities of the handicapped.

Several sports are characterized by positions requiring vast differences in the abilities necessary to perform successfully. Proper association of positions and abilities may result in greater involvement by the handicapped. For example, cardiopathic youngsters may be used as goalies in soccer, lacrosse, ice hockey, etc. One-leg amputees may successfully participate as first-basemen or pitchers in softball or baseball.

6. Avoid or modify elimination-type games and activities.

Although this technique should be applied in the conduct of any program, it is particularly important when integrating handicapped and regular pupils. Elimination-type games may generally be modified to keep children in activity. For example, in dodge ball, children may become throwers when hit or simply have a point charged against them if they are hit with a thrown ball. In jump-the-shot, the winner of the game is the person who makes contact with the "shot" the least number of times, rather than the last person remaining in the activity.

7. Limit play areas if movement capabilities are restricted.

Many times the handicapped youngster with restricted movement capabilities can be integrated in activity if play areas or zones of responsibility are reduced during games. For example, below-the-knee amputees with a prothesis may successfully play tennis, badminton, or volleyball in a narrower than normal court. Areas of responsibility in the same sports may be decreased by having increased numbers of players on a team. Reducing the play area may be advisable to reduce activity intensity for children exhibiting cardiopathic disorders, severe forms of diabetes, or other conditions requiring moderate intensities of exercise.

8. Modify activities to use the abilities of handicapped youngsters.

Many times, movement experiences can be modified, without sacrificing overall objectives, to maximize the abilities of youngsters. For example, relays may be modified to include both visually and auditorally handicapped if both auditory and visual goals are used. Instead of running to a line, children may be asked to run to a bell, horn, whistle, or drum sounded by a youngster on a line. Visually impaired youngsters may shoot baskets, shoot an arrow, or play shuffleboard if an audible goal locator is placed near the target.

After reading the techniques above, it should be clear that many other examples of their implementation could have been given. It is hoped that the examples provided will provoke an analysis of daily lessons when handicapped and regular pupils are combined. It is also hoped that attention to integration will lead to additions to the list of techniques which have been presented herein.

INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN ARCHERY ACTIVITIES

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Introduction

Archery may easily be modified so that nearly every handicapped student can participate in this sport. The following are suggestions for modifications which are intended to enable students with handicapping conditions to be integrated into regular archery classes.

General Adaptations

1. Use kinesthetic teaching

2. Employ the buddy system.

3. Stack bales of hay all around the target. This will make the retrieval of arrows much easier.

Specific Adaptations

Mentally Retarded

1. Present instruction slowly and clearly.

2. Use demonstrations and emphasize imitation.

3. Give brief directions and repeat them often.

4. Provide motivating targets (i.e., balloons, faces, animals, etc.) and change targets frequently.

5. Enhance successful experiences (short distance, light bow, large target, etc.).

Visually Impaired

1. Orient the student to the target, bow, and distance to the target.

2. Use foot blocks to be certain the student is always facing the target.

3. Path to the target should be made of a unique textured surface (cement, carpet, low cut grass).

4. Use of a guide wire to the target may be needed until the student can use the unique textured surface.

5. Place an audible goal locator behind the target.

6. Target face -

    a. At first, the target can be entirely covered with balloons so the students know when they have hit the target.

    b. For partially sighted students, paint the center of the target bright yellow or cover it with bright yellow balloons.

7. Scoring -

    a. A string can be attached to the center of the target with knots tied corresponding to the width of the colors. The student can take hold of the knot in each score area and follow it around to see if there are any arrows in that area. Mark knots with braille numbers corresponding to the value of the score area.

    b. Target face colors could be painted with different textured paint (sand base every other color).

    c. Have buddy supply immediate feedback upon contact of arrows (high or low, right or left of bulls-eye) so student can zero in on the center of the target.

8. If the student is partially sighted -

    a. Use bright colored arrows with a yellow cock feather.

    b. Put yellow tape on the bowstring where the arrow should be nocked.

    c. Paint a line leading to the target with bright yellow paint.

    d. Use bright colors for target face and use black paper to cover the bales of hay.

    e. Paint the foot blocks yellow.

9. Establish an auditory signal for retrieving and beginning shooting.

10. Be sure to have a bow rack and quiver. This will make the location of the bow and arrows easier than if they were simply placed on the ground.

Deaf and Hard of Hearing

1. Establish basic hand communications.

2. Have a general outline of what will be covered in class written out in advance.

3. Utilize lights to begin firing (green) and cease fire (red) or use drum beats (drum placed on the ground) to indicate begin or cease firing.

4. Place the student on the end of the firing line (left side, if right handed, right side, if left handed) so the student can see entire class and instructor.

5. Speak at a normal amplitude, even speed, and always facing the students.

6. Have students wear protective ear gear during windy or cold weather.

Physically Handicapped

One Arm Involvement

1. Use an adjustable bow holder. If students do not have a prosthesis, have them pull the string back with their functional hand.

2. If the student has a prosthesis, it may be possible to strap the bow to the prosthesis.

Two Arm Involvement

Use an adjustable bow holder; have students pull the string back with their teeth; a buddy can assist.

One Leg Involvement

Students can either shoot from a chair or use crutches to support their weight.

Two Leg Involvement

1. If students are having difficulty in the beginning, they can use a bow holder which attaches to their wheelchair.

2. Position the front of the wheelchair perpendicular to the target.

3. Make sure the targets are low so that students are able to retrieve the arrows.

4. Surface to the target must be smooth so that the wheelchair will move easily.

5. The range should be on level ground.

Diabetes

1. Archery is not a very strenuous sport and should not present any problems for the diabetic student.

2. Be sure the wrist guard is not restricting circulation.

Asthma

1. The range should be on a surface that is as dust free as possible. Avoid grass surfaces that were recently cut.

2. Avoid or reduce exposure to cold.

Cardiopathic

1. Have the student shoot from a chair, if the condition is severe, or have a chair available for students to sit down on while waiting for other students to finish shooting.

2. Do not rush students when retrieving arrows.

3. Have a buddy retrieve the arrows that are a great distance past the target.

Safety Considerations

1. Present activities according to the student's physical characteristics and capabilities, as well as their mental age.

2. Know the difference between insulin shock and diabetic coma and how to administer first aid. Coordinate activity with food intake and insulin injections.

3. Deaf and hard of hearing - In cases where hearing loss is present, it is advisable to avoid participation when there is excessive change in temperature, excessive wind, dampness or dust. If exposure is unavoidable, the child should wear ear plugs. (Arnheim, Auxter, and Crowe, 1977).

4. Asthma - Activity should occur in areas that are minimal in dust and allergic substances.

5. Physically handicapped - Be sure the range is free from all obstacles. Instruct amputees on the proper methods of falling.

6. Visually Impaired - Use bright colored equipment when students are partially sighted. Be sure to establish audio signals for beginning and ceasing fire.

7. Cardiac - The student may need medical consent before participation. Watch for signs of cardiac stress (sweating, shortness of breath, breathing heavily through the mouth).

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN BACKPACKING ACTIVITIES

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Introduction

Backpacking and hiking offer many advantages to all participants, whether handicapped or not. Walking provides vigorous exercise in the fresh air and sunshine. A love and knowledge of the outdoors can be developed. Also, hikers are apt to become interested in the conservation of the countryside and keep it free of litter.

Before the actual trip takes place, there are several factors which must be considered. These factors include: conditioning, selecting routes, deciding what to pack, and safety. General information about these areas is as follows:

Conditioning: by increasing the length of daily walks while carrying a pack, the student will be more physically ready for the trip.

Route: selection of a route depends on the length of the hike, i.e., day trip or an overnight trip; the availability of camping sites, water sources, and alternate trails; type of terrain.

What to pack: a general rule of thumb is to pack light and comfortable. Included in the pack are clothes (which should keep you warm and dry), food, and extras (such as eating utensils, flashlight, and personal items). Some packs should include a compass, first aid kit, cooking utensils, maps and guidebooks. Also, for overnights, shelter and sleeping gear must be packed.

Health problems: there are a number of causes of health problems for all students that the leader must be aware of and be prepared to deal with. These causes include bug bites, poisonous vegetation, exposure to extreme sun and cold, water contamination, and animals.

The last thing the leader must do before taking the trip is to leave word as to where hikers are going and for how long.

General Adaptations

1. The distance of the hike must be adjusted to the physical abilities and endurance of the group. Those who cannot hike the entire distance can be transported part of the way.

2. Everyone, including those who cannot actually participate in the entire hike, should be included in the planning and preparation of the hike.

3. The number of rest periods should be determined according to the needs of the group.

4. Those that need to have more rest stops can start the hike earlier.

5. While walking on the trail, have a non-handicapped hiker "buddy-up" with a handicapped student.

6. The type of terrain selected for the group can range from a walk through a flat park to a hike on a trail through woods, up hills, and down into valleys.

7. The amount of weight carried in the individual packs should be appropriately distributed so that no one is overloaded or strained.

Specific Adaptations

Visually Handicapped

1. The sightless individual can take the hand or elbow of a sighted companion.

2. A rope can be strung from post to post alongside the trail so that blind persons can guide themselves.

3. At specific localities along the trail, pedestals with affixed Braille metal plaques describing trees, bushes, leaves, etc., can be placed.

4. Instead of Braille plaques, a trail could be outfitted with tape-recorded cassette or reel playback describing specimens.

5. The visually handicapped student should be encouraged to explore by touch wherever possible. Sounds and odors should also be identified.

Auditory Handicapped

1. A hearing partner should point out what is visible so that the deaf may see what they cannot hear. For example, a woodpecker might not normally be seen while walking along the trail but it becomes noticeable because of the noise it makes.

2. Because of the possibility of exposure to temperature changes, excessive wind, dampness, or dust, ear plugs should be brought with the student and worn if it becomes necessary.

Cerebral Palsied

1. It is important to have enough rest periods so that the hikers do not become fatigued or enhance muscle tightening. Muscle stretching and flexibility exercises may be conducted at various times.

2. Hikers should wear clothing which keeps them comfortably warm. If they become cold, there is a greater chance of muscle tightening.

Orthopedically Handicapped

Amputations/Loss of Limb Use Involving the Arm(s)

1. The pack can be adjusted so that the straps go over the shoulders and then tie together in the front to prevent the pack from slipping.

2. Special cooking and eating utensils should be brought on the trip. For example, a dish with a raised side enables food to be pushed against it and then onto the fork.

Amputations/Loss of Limb Use Involving the Leg(s)

1. For hikers who have the loss of use of one limb and/or are using crutches to help them walk, a trail should be selected which is fairly level.

2. For the person who does not have the use of both legs and/or is in a wheelchair, a very level and wide trail would be selected. Persons unable to propel the wheelchair alone or who tire easily, should have help from other hikers. Packs can either be attached to the back of the wheelchair or carried on the lap.

Cardiopathic Conditions

1. Keep the hike within the tolerance level of the individual. The amount of stress can be varied by the distance and time of the walk, the weight of the pack, and the number of rest stops.

2. During the rest stops and while on the trail, the hikers can check their pulse rates to make sure they are not going above tolerance level.

Diabetes Mellitus

1. Early fatigue is common among severe diabetics. Therefore, the number of rest periods should be adjusted accordingly.

2. Some diabetics are susceptible to infection. It is important to make sure that the shoes being worn are already broken in.

3. Proper insulin intake is a must! The amount of insulin and food intake should be adjusted to the amount of activity. Hikers should carry extra candy, sugar, or oranges in their packs in case quick energy is needed. In the event of diabetic coma, a physician should be contacted as soon as possible.

Epilepsy

1. While hiking, the student should not perform any climbing activities in which there is danger of injury from falling during a seizure. (The instructor should be aware of first aid measures to be taken in case of a seizure).

Asthmatic

1. Fatigue and emotional stress should be avoided. This can be accomplished by increasing the number and length of rest periods.
2. The student should be instructed in relaxation skills, correct posture, and breathing exercises.

Mentally Handicapped

1. Because the student may have difficulty in following directions, the instructor should make all directions clear.
2. Due to the possibility of a lack of ability to concentrate, the hiker should have his interest aroused and maintained. One way this can be accomplished is by having the student involved in conversation about various points of interest along the trail.

Safety Considerations

1. The medical records of all students should be checked before the trip.
2. The instructor should bring a complete first aid kit and he should know how to properly administer first aid.
3. The instructor should have some way of contacting a physician in case of an emergency.
4. The leader should be aware of all medications being taken by the students. The leader should know proper usage and be sure that there is enough medication to last the trip.
5. The trail should be checked before the trip for any potential hazards. If there are any hazards found, they should be removed.
6. Make sure that all food is kept so that it will not spoil before it is used. Make sure that the food is properly cooked and prepared.
7. Have the hikers stay together with a leader at the head of the group and another leader at the rear.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN BASKETBALL ACTIVITIES

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Introduction

Basketball is one of America's favorite pastimes. The major skills involved in the sport of basketball are running, dribbling, passing and shooting. With some skills and rule modifications made, almost all persons with handicapping conditions can enjoy safe and successful participation.

General Adaptations

1. Lower baskets.
2. Use balls that are lighter in weight with pupils with less strength.
3. Make frequent substitution.
4. Limit the size of the size of the play area in early stages of play.

Specific Adaptations

Visually Handicapped

1. Use brightly colored balls with partially sighted children.
2. Paint the shooting target on the backboard with bright colors.
3. Use sighted helpers to guide or assist the handicapped pupil.
4. The teacher should use kinesthetic teaching.
5. Mats can be placed to differentiate the playing court from the out-of-bounds.
6. Have rules typed in braille.
7. For direction orientation, metronomes or audible goal locator can be placed on the backboard.
8. Use bounce passes as a way of passing the ball to the blind student. The sound is a signal of which direction the ball is coming from.

Auditory Handicapped

1. Use visual aids.

2. Lip reading may have been a part of the child's education. The teacher should make him/herself highly visible.

3. Use flashing lights or waving flags as an indication of stoppage of play.

Cardiopathic

1. Have short activity periods that are followed by longer rest periods.

2. To reduce strain, use a ball that is lighter in weight.

3. Competitive games may be contraindicated.

Diabetic

1. A person with this handicap is susceptible to infection. Therefore, the instructor should take note of conditions indicating such.

2. The instructor should be alert to signs of insulin shock or diabetic coma.

Asthmatic

1. The teacher should insure that the gymnasium is free of dust.

2. Progression from lead-up activities to game play will help build the cardio-respiratory endurance needed for the court play.

Mentally Retarded

1. The instructor should use demonstration more than verbal explanations.

2. Make the practice periods short and have frequent changes in activities.

3. Repeat successful experiences so the students gain feelings of accomplishment.

Physically Disabled

One-Arm Involvement

Bounce passes should be used to provide more time to catch the ball. A simple hand-off is also good to use.

One-Leg Involvement

It is advisable to teach shooting activities first so as to develop confidence, through successful experiences.

Two-Leg Involvement

1. Net ball returns are advised for use during shooting practice. This provides and easy and independent way to retrieve the ball.

2. If playing wheelchair basketball:
    a. On a center jump, it is forbidden to raise any part of the body from a wheelchair (Fait, 1972).
    b. If a wheelchair player has more than two successive pushes on the wheels without dribbling the ball on the floor, it is considered traveling (Fait, 1972).

Safety Considerations

1. Instruct other children to look for warning signs or fatigue.

2. If using any special equipment with the handicapped students (guide wires, mats, special lights) insure that it is visible to all students so accidents are prevented.

3. With the cardiopathic student, teach the student to monitor his/her own heart rate to reduce the chance of overexerting the heart. The teacher should also be alert to signs of fatigue.

4. With the diabetic student, be alert to signs of fatigue, infection, injury, insulin shock, and diabetic coma.

5. With the asthmatic student, frequently check for allergic reactions.

6. With the orthopedic student with a prosthetic device, care should be taken in its removal and replacement. If it is worn while student is playing, the device should be no harder than a normal limb.

7. For those who may be more apt to fall, instruction in correct techniques for falling should be provided.

8. Padded walls for a game situation in which wheelchairs are used will reduce injury and increase protection for all.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN FIELD HOCKEY ACTIVITIES

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Introduction

Field hockey is a team sport which not only stimulates social interaction, but involves children in vigorous activity. Although it can be modified, it should not be changed to such a degree that the children lose the concept of the game. Although adaptations are listed according to handicapping conditions, it is important to make actual program adaptations on the basis of abilities rather than disabilities.

General Adaptations

1. The game may be played on smaller fields and with larger goals.

2. If the mobility of participants is impaired, it may be helpful to increase the number of players on each team.

3. When there is a need for making activity less strenuous at elementary levels, use a wiffle ball or softball instead of the regulation field hockey ball.

4. Substitution and frequent rest periods should be utilized often, the time periods for each half of the game could be reduced, and half-time could be lengthened by five or ten minutes.

Specific Adaptations for Selected Handicapping Conditions

Mental Retardation

1. The mentally retarded may play positions requiring less strategy.

2. The child could play the same position for every game.

3. A larger ball could be used to slow down the quickness of the game.

4. Free hits could be substituted for short corners, long corners, and penalty corners.

5. The end of the field hockey stick could be larger than regulation size.

6. Larger goals could be used to develop success in shooting.

7. For less strategy, play man-to-man defense rather than zone defense.

Blind and Partially Sighted

The game of field hockey may be difficult for the blind and partially sighted because of the fast pace, however, they can perform many skills of the game.

1. When dribbling, the blind child should push the ball only a short distance and in a straight line.
2. During instruction and practice, a "buddy" should be assigned to each pupil with a visual impairment.
3. Other students may give verbal cues for directions when passing.
4. Audible goal locators should be placed at the goals.
5. Different textures may be used to distinguish boundaries.
6. Bright yellow equipment may be utilized.
7. When bullies are being taken, the blind child should keep the hockey stick in contact with the ball.
8. In game situations, constant verbal instructions should be given.
9. Use a larger ball such as a softball or small playground ball for game play.
10. Use a bell ball during games if necessary.
11. Allow the blind student to go over the end line to score points.
12. Have blind students play defense positions.
13. Allow blind students opportunities to try free hits, push-ins and corner hits.

Deaf

1. The teacher must use hand signals along with a whistle when calling fouls and showing direction of play.
2. When the whistle is blown during the game, the hearing student closest to the deaf student should tap him/her.
3. The teacher must give precise directions before the instruction or game.
4. The students or teacher could make flash cards or develop hand signals to signify fouls, substitutions, beginning and ending of the game.

Asthmatic

1. Avoid using chalk dust for the boundary lines on the field.

2. Have the asthmatic student play in defense positions.

Cardiopathic

1. The child should not over-exercise.
2. Adequate rest periods should be provided throughout the game.
3. Frequent substitution may be necessary.
4. Games can be played on smaller fields.

Diabetic

1. Match participation with exercise tolerance.
2. Warm-up exercises are particularly important so that involvement is gradual.
3. The diabetic student can be placed on the defense for less strenuous running.

Physically Handicapped

One or Two-Arm Involvement

1. The child with one or two arms missing may play goalie. When this occurs, do not allow aerial shots at the goal.
2. Decrease the size of the goal when children with physical handicaps are playing goalie.
3. The child with one functional arm should play a position on the field where that side is needed, such as playing right fullback if the student has the use of the right arm.
4. A game could be modified by having all the students play with one hand.
5. Lighter weight field hockey sticks with a velcro strap can be used for the one-arm student.
6. The jab, a defense tackle utilized by advanced players, may be performed by the one-arm student.

One-Leg Involvement

1. A field hockey stick could be attached to the student's crutch.
2. Field areas need to be limited because of the mobility of the student.
3. Lighter weight field hockey sticks can be used.
4. The right leg amputee student must be taught to bear most of the weight on the left leg and use more power from upper limbs when performing the drive.

Two-Leg Involvement

1. Integrated field hockey participation is not ordinarily possible for the student in a wheelchair.

2. Decrease the size of the goal when the student is playing goalie and/or allow the student to use two hockey sticks.

3. The student could be allowed to use both sides of the stick.

4. Allow the wheelchair student opportunities at free hits, push-ins and sixteen yard hits.

Safety Considerations

1. The teacher should have a basic knowledge of first-aid implications associated with handicapping conditions.

2. Where appropriate, children should receive medical approval to play field hockey.

3. Play should be stopped if there is undue physical fatigue.

4. Wiffle balls or softballs can be substituted for the regulation field hockey ball.

5. A field should be level and clear of objects.

6. Goals may be padded to reduce injury.

7. Shin guards, hand guards, and headgear should be used by most students with handicapping conditions.

8. All students should dress warmly with loose-fitting clothes when playing outside.

9. Do not play outside when it is considerably colder than the gymnasium.

10. Don't pass the ball into a group of students.

11. Do not allow scoops throughout the games.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN FOOTBALL ACTIVITIES

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Introduction

When physical educators think of how football is taught in physical education classes today, they usually think of skills, drills, and a game, Instead of tackling, touch or flag football is played. Having a child with a handicap in a physical education class in football is a possibility and if handled correctly, can be a rewarding experience. Skills of kicking, passing, blocking, and various defensive skills are taught in the instructional phase and practiced through the use of various drills. Certain individuals might not be able to participate in a game situation, but most drills and skills can be adapted to include all the students.

General Adaptations

1. The instructor should simplify complex skills and establish and follow progressions.
2. The instructor should not expect perfection immediately.
3. The instructor should use kinesthetic teaching.
4. While teaching, the instructor should build on successful experiences.
5. It is extremely important for the instructor to stress and teach safety.

Specific Adaptations

Visually Impaired

1. The visually impaired child should be completely oriented to facilities.
2. The instructor should speak in a clear, distinct manner.
3. A magnetic board with magnetic pieces should be employed to help teach patterns, positions, and strategies.
4. Audible balls should be used to aid the visually impaired student.
5. When practicing throwing and catching, the receiver should yell, clap, or make some noise to cue the visually impaired thrower.

6. A nerf ball made audible by adding bells may be used in the beginning of the class until the physical education instructor sees fit to change to a regular ball.

7. The playing field should be grass and all lines and boundaries should be dirt and about two feet wide.

8. Shortening the boundaries of the playing field will be advantageous for the visually impaired student without inhibiting the "normal" student.

9. Having the teams wear different bright colored attire will aid the visually impaired student in differentiating team members from opposition players.

Auditory Impaired

1. Develop ways of communicating with students.

2. Use blackboard sessions to help teach patterns, positions, and strategies.

3. Use visual demonstration in the explanation of ideas rather than verbalizing them.

4. The physical educator should be aware of possible semi-circular canal damage that might effect the child's balance.

Mentally Handicapped

1. The instructor should stress physical fitness components.

2. Instruction should be provided slowly and be repeated often.

3. Concrete demonstrations will be helpful.

4. When drills are to be used, they should be short in duration and diverse.

Physically Disabled

In discussing students with physical disabilities, limited or no use of the limb(s) affected is assumed.

One Arm Involvement

No specific adaptations are necessary. However, the physical education instructor should look at the abilities of students to select positions which students may be able to play with success.

Two Arm Involvement

1. Place kicking is one skill area that can be fully developed.

2. In game situations, besides being used as a kicking specialist, the child may be able to participate by becoming an effective blocker.

3. A rule modification enabling the student to stop an opposing player by use of a shoulder instead of a hand might be applicable.

4. If the student can effectively hold a football under the armpit, then there is the possibility of being used as an offensive runner.

One Leg Involvement

A child's participation in the skills and drills of throwing and catching, and possibly kicking and blocking, could allow successful participation in a game situation.

Two Leg Involvement

1. Throwing and catching skills can be designed for children confined to wheelchairs.

2. Offensive drills and patterns can be done by using the wheelchair.

3. Participation in regular game situations is most unlikely.

Cardiac Handicaps

1. During the game situation, make sure there is enough time between plays to allow for recovery.

2. Participation in drills should be interspaced with rest periods.

3. For some children with cardiac handicaps, blocking might be contraindicated.

Asthmatic

1. It may be necessary to limit participation in competition.

2. Vigorous activity might be contraindicated if physical fitness is significantly below normal.

3. The physical education facility should be clean and free of dust during class instruction and activity. If the class is being held outdoors, it is advisable to hose down the field to prevent unnecessary dust from rising.

Diabetic

1. In severe cases of diabetes, fatigue should be avoided.

2. The physical educator should know the limitations of the students and structure activity with the limitations in mind.

Safety Considerations

1. Before any child enters a physical education class, the instructor should read the student's medical record to see if any type of activity is contraindicated.

2. Know the difference between insulin shock and diabetic coma and know what to do in the event either situation arises.

3. Be aware of first aid principles and emergency techniques. It is the instructor's responsibility to know about any handicapping condition a student might have and its first aid implications.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN GOLF ACTIVITIES

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Introduction

Golf is a lifetime activity that should be taught to all, including the handicapped. Participation in a golf unit in a physical education class provides a stepping stone to full participation on a regulation course. Fortunately, golf is an activity that can easily be adapted to meet the unique needs of pupils with handicapping conditions. Following are a few suggestions for adaptations that can be made in the game of golf in order to allow the participation of pupils with handicapping conditions.

General Adaptations

1. A progression from large cups and large balls to smaller cups and smaller balls will ensure success for more pupils.
2. Start with short distances for driving and putting.
3. Helpers should be used to retrive balls, drive golf carts, and push wheelchairs.

Specific Adaptations

Visually Handicapped

1. Develop tactual awareness of the clubs, putting green, cup and ball.
2. Use an audible goal locater near the cup and on the fairways to allow the student to orient him/herself to a particular area.
3. Use brightly colored golf balls for the partially sighted pupils.
4. On regulation golf courses, a sighted helper should be used to inform the blind partner of fairway distances and any irregular terrain.

Auditory Handicapped

1. Use visual aids and written materials to explain skills and concepts.
2. Have the deaf pupil paired with a hearing pupil so that he/she can be made aware of oncoming balls.

Cardiopathic

1. Provide frequent periods of rest.
2. Golf carts should be used for travel.
3. Only allow putting for pupils with more serious cardiopathic conditions. This eliminates the more exerting movements of the backswing and follow through.

Diabetic

Coordinate the amount of exercise with the insulin dosage to reduce possibility of insulin shock.

Asthmatic

1. Asthmatics with allergic reactions must be observed for signs of an attack.
2. Frequent rest periods are advised.

Mentally Retarded

1. Repeat skills often.
2. Make the practice periods short and have frequent changes in activity.

Physically Disabled

One Arm Involvement

The student should grip the club so that the unimpaired arm is on the side of the body that is nearest the cup.

One Leg Involvement

A stand or crutch should be used to provide a wider base and stabilize the pupil's balance.

Two Leg Involvement

1. Use a wheelchair to stabilize the student and provide a base.
2. Longer clubs have been advised to provide a better instrument for getting distance (Hooley & Wheeler, 1969).
3. Shift weight from side of wheelchair away from cup to side of wheelchair closer to the cup.

Safety Considerations

1. The teacher should be aware of any medication the student may be taking.

2. The teacher should hold a current first aid and cardio-pulmonary rescusitation card.

3. Plastic balls or yarn balls can be used to reduce possible injuries occuring as a result of struck balls.

4. Have all other players face the person who is hitting and never have them in front of the player.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN HORSEBACK RIDING ACTIVITIES

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Introduction

Much of the earliest recorded history tells us of man's love of the horse. Horses were used first as beasts of burden. As time moved on, man learned that he could use the horse as an implement in sport. One of the earliest recorded sports using the horse is horse racing. Many ancient myths, statues, and paintings illustrate even further the important role of the horses. Today, sports such as polo, hunting, dressage, pack camping, endurance riding, rodeo and pleasure riding have developed.

The great cost in caring for a horse and high insurance premiums permit only but a few schools to implement horseback riding into their curriculum. However, it is a very important outside activity for persons with handicapping conditions. Various types of people with handicapping conditions enjoy this sport to its fullest. In many cases, the horse becomes an extension of the person themselves. Persons with handicapping conditions can now climb mountains, cross streams, hunt, fish, and study nature in areas that would be unaccessible with their wheelchairs or braces. Horseback riding can also give a new medium in which to experience sport in either competition or pleasure for greater self-esteem and self-confidence. Riding requires a great deal of self-control and coordination of mind and body. The rider must be in control of his body as well as guide the horse.

General Adaptations

1. To control the horse, use a riding ring to make the activity safer.

2. The less coordinated may use various bits and reins for greater control of the horse.

3. Use side saddles, saddles with padded seats, or saddles modified to the abilities of the individual.

4. Using a longe line will enable the teacher to control the horse, yet give the rider the feeling of independence.

5. Signs and symbols should be used to mark trails and give clear directions.

6. Use a treadmill when more restriction is needed than the riding ring can provide. (A treadmill is a large pole that is placed in the middle of a ring with four bars attached to it in a star-like fashion. The horses are attached to the bars. A brake on the main pole allows the teacher to stop the horses from going around and thus prevent injury and allow the less skilled to participate).

Specific Adaptations

Mentally Retarded

With the more severely retarded, a positive experience can be attained by gradual exposure to the animals. Students could visit the stable area and look, pet and feed the horses before attempting to ride.

Visually Handicapped

1. Use a ring that has been "limed" with white lines.

2. Signs or symbols may be placed along a trail to guide students on a trail ride or obstacle course.

3. A guide and the voice of a guide may also keep the partially sighted on the proper course.

4. Use a goal locator to alert the blind of an upcoming obstacle or to indicate the direction the student should be headed.

5. Use an obstacle free ring or course.

Auditory Handicapped

1. Hand signals should be utilized by the teacher to give riding instructions and directions

2. Trails should be marked with signs and pictures. (Maps can also be used).

3. It should be noted that loud talking or whistles could scare the horses so one must be especially careful when using such methods with auditory impaired.

Physically Impaired

1. A hackamore or harsher bit can be used on the horse to aid in control of the animal.

2. Utilize a western saddle with a heavily padded seat. Students must learn to balance unaided.

3. Use a special saddle horn. One hand can be used for balance and one hand to guide the horse.

Cardiac

1. Ride for pleasure as opposed to competition.

2. Trail rides might be a good adaptive activity for this type of handicap as long as an experienced guide could determine when to stop before the people are overexerted.

Asthmatic

Exposure to horses may be contraindicated for some asthmatics who are allergic to horses.

Safety Considerations

1. Have as many teachers as possible.
2. Every effort should be made to use calm, docile animals.
3. Riding area should be kept free of obstacles.
4. Attempt to reduce the number of sudden noises so as not to scare the horses.
5. Students must constantly be reminded of the danger involved with riding.
6. All students may be required to wear hard hats.
7. The teacher should be aware of the students' handicapping condition and should know the emergency first aid procedures related to them.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN LACROSSE ACTIVITIES

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Introduction

Many programs exclude the handicapped from participation when it comes time for the lacrosse unit. Modification of equipment, rules, positions or the field, enable the handicapped student to be successfully integrated into regular physical education classes without detriment to the non-handicapped student. The following suggestions may be used to successfully integrate the handicapped student into the game of lacrosse.

General Adaptations

1. Stress kinesthetic teaching.
2. Establish a buddy system. This will provide the student with handicapping conditions peer instruction and opportunity for social interaction.

Specific Adaptations

Visually Impaired

1. Equipment Modifications
    a. Use a bright yellow audio ball.
    b. If the student is partially sighted, players should wear bright yellow jerseys and equipment.
    c. If the student is totally blind, tie small bells on all of the players sticks to help the student locate the players.
    d. Start with a small handle and large pocket lacrosse stick. Gradually increase the length of the handle and decrease the size of the pocket as ability increases.
2. Field Modifications
    a. The field should be on grass. All field lines should be dirt and at least two feet wide.
    b. If the student is partially sighted, the goals and field lines should be painted yellow.
    c. An audio signal should be placed behind the goal.

3. Positions

   a. Goalie may not be a good position for the visually impaired due to safety considerations.

   b. Defenseman or forward positions are possibilities as stick handling ability and orientation increases.

4. Rule Modifications

   a. In the beginning, if the student is playing forward, in order to score, he only has to hit within the goal area rather than get it in the box.

   b. See safety precautions.

5. Other Modifications

   a. All signals and play calling should be done verbally.

   b. Other players should use their ability to see to help out their teammate (i.e., here comes a defenseman, he is getting ready to shoot, don't pass, etc.).

Deaf and Hard of Hearing

1. Rule Modification

In the beginning, only stick checking should be permitted, because of the inability to hear approaching players.

2. Other Modifications

   a. A general class outline should be written out in advance so the student has time to read it.

   b. Speak at a normal even speed.

   c. Always speak facing and at the level of the student.

   d. Post all things that are required for the class on the bulletin board.

   e. When explaining plays or strategies, use visual cues such as a blackboard, diagrams or cards.

   f. Use demonstrations when explaining.

Mentally Retarded

1. Equipment Modifications

   a. May need to increase pocket size and decrease stick length.

   b. Might want to try using a hockey stick instead of a lacrosse stick if ability is really poor.

2. Positions

The mentally retarded student may do better at an active position such as forward or defenseman rather than a goalie.

3. Rule Modification

Try to simplify rules as much as possible. Do not present all the rules at once. Build on rules each day.

4. Other Modifications

   a. Since they probably will take a little more time to learn basic rules and ideas, the parents can possibly be involved in a home program to give more time for learning.

   b. Use lead-up games to enhance successful learning.

Cardiac

1. Equipment Modifications

Use the least amount of clothing possible (netted shirts, well vented helmets, shorts, etc.).

2. Positions

The best position for the cardiac patient will probably be goalie. It is the least strenuous and the position lends itself to frequent rest periods.

3. Other Modifications

If playing during hotter months, it would be advisable to place goal in a shaded area.

Asthmatic

1. Field Modifications

   a. May want to play box lacrosse in the gym to minimize dust and allergic substances. Avoid fields when the grass has recently been cut.

2. Positions

   a. Goalie is a good position for the asthmatic due to the low level of strenuous exercise.

   b. All other positions can be played providing the student is given frequent rest periods.

3. Other Modifications

Avoid playing in extremely cold weather.

Diabetic

The diabetic is capable of playing all positions in lacrosse. The only modification that must be made is the coordination of food intake and diet with exercise.

Physically Handicapped

One Arm Involvement

1. Drill a hole through the lacrosse stick to enable the student to grip with the prosthesis.
2. Make the stick handle wider and make an indentation around the area where the student will be gripping the stick with the prosthesis.
3. If the student does not have prosthesis, shorten the stick handle and deepen the pocket until the student is able to sufficiently control the stick with one arm.
4. Better control may be achieved if the stick is strapped to the students arm when a prosthesis is not used.

Two Arm Involvement

1. Equipment Modifications
   - a. Decrease the height of the goal. Make it only waist high if the student is playing goalie.
   - b. Provide extra padding on the legs and around the waist.
   - c. If the student is playing and has no prosthesis, a cut down hockey stick can be strapped to the leg to hit the ball.
   - d. Same as one arm if the student has a prosthesis.
2. Field and Rule Modifications
   - a. If playing goalie and the student has no prosthesis, a line should be drawn across the field 15 yards out from the goal. Players cannot shoot from less than 15 yards out. The students may only be scored upon by shots below waist level.
   - b. If playing forward, the student can score if he simply hits the ball past the opponents end line.

One Leg Involvement

1. Equipment Modifications
   - a. The stick may be lengthened or the goal shortened due to a lack of

quick mobility.

    b. It may be necessary to use a stick with a bigger pocket.

2. Field and Rule Modifications
    a. A line should be drawn across the field, 15 yards out from the goal.
    b. Players cannot shoot from less than 15 yards out from the goal.
    c. Due to limited mobility, an impaired goalie may not be scored upon by shots below the level of the knees.
3. Positions
    a. If the student has a prosthesis, goalie is a possible position.
    b. If the student does not have a prosthesis, lacrosse may not be possible unless the student is extremely agile with the aid of a crutch.
4. Other Modifications

When taking time out and discussing strategies, the team should assemble around the goal so as to include the goalie.

Two Leg Involvement

Lacrosse does not facilitate adaptation for integration into a regular physical education class. There are however, many throwing and catching drills and lead up games that the students with impairments can successfully participate in.

Safety Considerations

1. Deaf and Hard of Hearing
    a. Excessive wind, dampness, or dust may cause further hearing loss. Avoid participation under these adverse conditions. If participation is essential, the student should wear ear plugs.
    b. If the student is having balance problems he should be required to wear a helmet.
2. Visually Impaired

    Contact sports may be contraindicated for students with detached retinas.
3. Cardiac
    a. Substitute when the student shows signs of cardiac stress such as shortness of breath, profuse sweating, and breathing through the mouth.
    b. The teacher should be knowledgeable of first aid procedures.

4. Mentally Retarded

Heart conditions in the case of Down's Syndrome or hydrocephalus may be associated with certain mental handicaps. Check with the physician to determine if the child is on any kind of medication or has any physical disabilities.

5. Physically Handicapped

Teach the student with a prosthesis how to roll on other body parts when falling. Be sure the prosthesis is well padded if the student is participating in contact sports.

6. Diabetic

a. Coordinate physical activity with insulin and food intake. (Winnick, 1970).

b. Know the difference between insulin shock and diabetic coma. (French, 1977).

c. Be familiar with first aid procedures for insulin shock and diabetic coma.

d. Avoid circulatory restrictions. (Winnick, 1970).

7. Asthmatic

a. Participation should occur in areas that are dust free. (French, 1977).

b. Instruct the students in proper breathing techniques. (French, 1977).

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN RACQUETBALL ACTIVITIES

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Introduction

Racquetball as a sport has grown in popularity in the past few years. It is a game that is played by people of varying ages, abilities, and backgrounds. Although it tends to become a very strenuous game, there are a number of adaptations that can be used so that everyone can play.

General Adaptations

1. To decrease the amount of locomotion that is necessary, allow the ball to hit the floor twice before it is returned.
2. Regulation scoring may be dispensed with for those whose skills are inadequate to keep the ball in play.
3. For those with insufficient arm strength, it may be necessary to use a lighter weight racquet.
4. To prevent fatigue, it may be necessary to shorten the periods of play.
5. To give more people a higher rate of success in the game, use lead-up games introducing the rules at a rate appropriate for the individual disability.
6. The diameter of the handle should be adapted to each individuals' specific needs.

Specific Adaptations

Mentally Retarded

1. Use lead-up games to introduce the game.
2. When introducing the game itself, use concrete directions and demonstrate frequently.

Visually Handicapped

1. Place an audible goal locator at the front wall.
2. Use bright colors, especially yellow and orange, to mark all boundaries.
3. Use a larger ball.

4. Change the texture of the surface of the different areas of the court by using pieces of carpeting or foam rubber well secured to the floor.

5. Orient players to the court before the game is played.

Hearing Impaired

1. Use mutually agreed upon hand signals to replace verbal signals.

2. Flicking the court lights on and off is a good way to get the deaf student's attention.

Physically Disabled

One Arm Involvement

The only modification is to hold the ball with the racquet hand by the thumb and forefinger and drop it to serve.

Two Arm Involvement

1. People with both arms amputated can play racquetball if they have a functional stump remaining on one arm. To this stump a racquet may be taped or strapped.

2. Use a racquet with a longer handle so it will be easier to strap it on.

3. Use a tennis racquet with alterations on the handle to make it similar to a regulation racquet.

4. Pick a ball up by starting it in a roll and as it is rolling, slip the head of the racquet under the ball and bounce it on the face until it can be brought under control and balanced.

One Leg Involvement

People with one leg may be able to play with the use of assistive devices such as crutches, as long as they can learn to balance well enough to use one hand on the racquet.

Two Leg Involvement

1. Extend the length of the racquet handle.

2. To decrease the amount of movement that is necessary, it is possible to play with extra players on the court for a modified game.

Cardiac and Diabetic

Depending on the severity of the condition:

1. Provide frequent rest periods.

2. Shorten the period of play.

3. Use a light weight racquet.

Safety Considerations

1. Keep activity within the physical fitness level of the individual.
2. Provide rest periods as needed.
3. Know the medical background of each child and, if necessary, get a physician's permission before playing.
4. For those with balance problems and convulsive disorders, a helmet can be worn for extra protection.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN RHYTHMS AND DANCE ACTIVITIES

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Introduction

Dance has played an important role in the physical education curriculum for children with handicapping conditions. Many children with handicapping conditions enjoy and profit from rhythms and dance because of the freedom of self-expression, social interaction and the development of fundamental movement patterns. The child with handicapping conditions will also develop better coordination and timing, and become more relaxed through experiences in rhythms and dance.

General Adaptations

1. Scheduled rest periods and pre-arranged time limits are needed for dances.
2. Colorful environment and equipment should be used as stimuli.
3. Keep directions and explanations simple so the children can easily follow them.
4. The tempo must be set according to the students abilities.
5. Arrows, markers, color-cued numbers and letters may be used on the floor for directions and positions in dances.
6. Rhythmic equipment such as drums, tambourines, triangles, cymbals, sticks, and bells may be used as sound cues.
7. Schedule rest periods as needed. Relaxation may be accomplished with music played at a slow tempo.

Specific Adaptations

Mental Retardation

1. Dance class should be short and content should be repeated often.
2. Concrete explanations and demonstrations should be used.
3. The use of mirrors, kinesthesis and specific learning cues should be used.
4. Simple movement patterns and creativity should be stressed.

Blind and Partially Sighted

1. The teacher must provide precise verbal instructions.

2. The blind student may be placed with a seeing partner to enhance learning.

3. When clapping or other group noises are required in a specific dance, one or two children should do the clapping so the blind child isn't easily distracted.

4. The blind and partially sighted students may have to walk forward and backward instead of turning circles and doing crossovers in dances.

5. The blind student must always have close contact with another student or teacher during group dances.

6. Manual guidance and movement of body parts can be provided by other students or the teacher.

7. Formations and other information on dances should be in braille.

8. The blind student must walk through all floor patterns before performing the dance.

Deaf

1. The music should consist of low bass sounds to obtain more defined vibrations.

2. The teacher should face the deaf child when communicating.

3. Try to establish signals for different movements; for example, pointing forward means sliding forward, pointing right means sliding right and pointing left means sliding left.

4. Hand-clapping, hand movements, and rhythmic instruments may help establish a sense of timing for the deaf child.

Asthmatic

1. Avoid physical fatigue by having dances played at a slower tempo.

2. To help avoid possible attacks due to contact with dust, do not have the child sit or lay on the floor for a prolonged period of time.

Cardiopathic

1. Slower tempo may be necessary in rhythms and dance.

2. A child with cardiac/respiratory problems needs scheduled rest periods during folk and square dances.

3. It may be necessary to avoid vigorous and sustained dances.

4. The gymnasium should have a stable temperature and adequate ventilation.

5. The child should not move quickly from high to low positions (standing or squatting).

Diabetic

Rhythmic and dance activity should gradually move from a slow to a faster paced tempo so the child does not become fatigued too quickly.

Orthopedically Handicapped

One Arm or Two Arm Involvement

1. The child may pass by the other children when hand movement is necessary.

2. The child with one arm may prefer to take an outside position in groups of two or more.

3. To modify the changing of hands, the child should have scarves tied to his belt.

4. Bells may be attached to lower limbs for rhythmic activities for fun and the opportunity to play with pieces of rhythmic equipment.

One Leg or Two Leg Involvement

1. Walking should be substituted for skipping if the child has a prosthesis.

2. Locomotor movements should be at a slower pace.

3. Children in wheelchairs can be propelled by other children.

4. In square dancing, a child in a wheelchair can circle when others are performing the grand right and left.

5. Scooters may be used for easier mobility.

6. The child with crutches can do the following in square dancing: tip the head instead of bowing at the waist, swing by touching crutches, walk around to the left for the allemande left, and place one crutch forward for the balance.

Safety Considerations

1. The teacher should have basic knowledge of first-aid.

2. For the blind student, all objects need to be cleared from the floor.

3. Assign one designated "buddy" to the blind or deaf student.

4. Stationary positions may be needed for the cardiopathic student.

5. Medical consultation may be necessary to develop an adequate physical education dance and rhythms program.

6. Children should not engage in rhythms and dance activities beyond their limitations.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN SNOW SKIING ACTIVITIES

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Introduction

This paper deals with recommendations for integrating individuals with handicapping conditions in snow skiing. Adaptations listed in the following pages are primarily for the beginning level skier, or for a previously experienced skier who now has a handicapping condition.

General Adaptations

Following progressions outlined in any skiing course, the instruction should adhere to the following guidelines:

1. Students with handicapping conditions should have their own volunteer guide who is an experienced skier, to assist during lessons and practice on the slope. Generally, students with handicapping conditions should not ski alone.
2. Volunteer guides should have identifying signs or markings on their jacket.
3. Each instructor should wear a bright colored jacket in order to be recognized by the students.
4. Students with handicapping conditions should have practice sessions indoors on how to put on equipment and how to walk on skis prior to the first lesson.
5. Mock rope, T-bar and chair lifts should be provided for instruction on lift mounting.
6. The Graduated Length Method (Tucker & Jensen, 1976, p. 8) (beginning to learn how to ski on shorter skis) will be used by all students with handicapping conditions.
7. Skiing areas should be unobstructed and uncrowded.
8. Gently sloping hills should be used for instruction and practice sessions to build self confidence and master basic beginning skills.
9. There should be a guide rope extended down the slope for the beginner to grasp while practicing basic skills.
10. Students should be grouped by their performance rather than by their handicap.

Specific Adaptations

Mentally Retarded

1. The instructor should stress demonstration more than verbal explanation of skills.
2. Ample time should be provided for repetition and practice.
3. The instructor should progress slowly until all basic beginning skills are learned.
4. Illustrated signs should mark the skiing area.

Visually Handicapped (blind and partially sighted)

1. The instructor, instead of demonstrating skills, should physically manipulate the blind student into the proper positions. The volunteer guide can then continue to assist by repeating this process until the correct position is used in executing the skill.
2. Volunteer guides should ski behind the blind student and give constant voice commands and encouragement (O'Rear & O'Rear, 1976, p. 214).
3. The blind student shall wear a flourescent bib reading "Blind Skier" (O'Rear & O'Rear, 1976, p. 214).
4. A guide rope is extended down the slope for the blind skier to follow.
5. For the partially sighted, mark the slope with large, brightly colored signs.

Auditory Handicapped (deaf and hard of hearing)

1. The instructor demonstrates each basic skill several times. Volunteer helpers work with the student until the skill is learned.
2. For the student who is hard of hearing, a battery operated megaphone can be used for verbal instruction. A bull horn is sounded as a signal to return to the instructor.
3. For the deaf student, a colored sign raised by the instructor means to return for further instruction.

Physically Disabled

One Arm Involvement

A long ski pole is mounted on a loftstand crutch and attached to the arm above the point of amputation. If the student wears a prosthesis, the ski pole mounted on a loftstand crutch is attached directly to the prosthesis.

Two Arm Involvement

Two loftstand crutches are mounted on ski poles to be attached to the arms or the prosthesis.

One Leg Involvement

For poles, short skis are mounted on the distal end of the loftstand crutches. This is called three track skiing (Peterson, 1978, p. 24).

Two Leg Involvement

A bridge device is mounted between two short skis for the student to sit on. Ski poles are shortened to the appropriate length.

Cardiac

1. Depending on the cardiac problem, participation in skiing may not be allowed. Consultation with each cardiac student's personal physician will determine if participation in the program is allowed and to what extent the student be able to participate.

2. With medical approval, students with mild cardiac problems can participate if lessons are short, runs are short, frequent rest periods are provided, rope tows are provided to eliminate climbing, and if weather conditions are not too severe.

Diabetic

1. Diabetics are allowed to participate in normal activity provided they do not overwork or overtire.

2. A volunteer guide should ski next to the diabetic in case assistance is needed on the slope.

Asthmatic

1. The student should be provided with frequent rest periods.

2. A rope tow should be provided to eliminate slope climbing.

3. Lessons should be short and simple because failure at a skill may bring on an attack (if the individual has emotion related attacks).

Safety Considerations

1. The teacher should be certified in first aid and cardio-pulmonary respiration.

2. Be aware of any medication taken and when it should be administered.

3. Instruct students on the proper method of falling.

4. The auditory impaired student may need to wear ear plugs and ear muffs or a hat to avoid cold, wind, and dampness.

5. Medical approval is necessary before a student with cardiac problems can participate. The student with a cardiac problem should learn to take his own pulse rate before, during, and after the activity.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN SOCCER ACTIVITIES

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Introduction

Soccer is a fun game and with some modification all children--regular and handicapped--can enjoy playing it.

General Adaptations

1. Permit the substitution or interchange of duties when deemed necessary.
2. Limit play areas if movement capabilities are restricted.
3. Shortened play periods should be utilized.
4. Analyze positions according to the abilities of the individual.

Specific Adaptations

Mentally Retarded

No special modifications would be needed in this case. At the on-set of play, the demonstration and explanation of rules and procedures should be as concrete as possible.

Blind and Partially Sighted

Numerous modifications can be made to allow the blind to participate in soccer.

1. An audible goal locator could be placed near the goal at which the student is trying to score.
2. A bright orange or yellow beeper ball could be utilized.
3. The ball should be slightly bigger than the regulation soccer ball and softer to minimize the danger of the blind student being struck with a hard object.
4. Brightly colored line markers should be utilized.
5. A different textured surface should also be utilized around the playing field.
6. Recommended positions would be defense or goalie.
7. If the student plays goalie, the ball should not be lifted off the ground to score.

8. Students should only be allowed to shoot from a designated distance in front of the goal.

9. Slide tackling of the blind should be prohibited.

10. A buddy should be assigned to help out.

Physically Disabled

One or Two Arm Involvement

This would pose little or no difficulty in a soccer game.

One Leg Involvement

With the use of crutches, there would be no reason why a one leg amputee could not participate in soccer. A defensive position would be recommended.

Two Leg Involvement

In regular soccer, this type of child would be limited severely in participation. Two modifications could be made in this case.

1. In regular soccer, this child could execute throw in's for both teams on one side of the field.

2. All children could be in wheelchairs and a broom could be used to propel the ball. Also, the indoor game of crab soccer could be enjoyed by all.

Diabetic

The diabetic child could assume any position if the exercise is regular and is coordinated with the proper intake of insulin.

Cardiopathic

Unless the condition calls for restriction, no special modifications would be needed in this case. It may be necessary for the individual to play goalie.

Asthmatic

The asthmatic child generally will have no serious difficulty in playing soccer. The environment should be as dust free as possible. Long extended periods of play would be contraindicated.

Auditory Impaired

Only minor modifications would be needed for a deaf child to participate. Hand signals as well as voice commands could be utilized to signal the start and stop of the activity. When the whistle blows, the "regular" children should stop immediately and raise their hands. This allows the deaf child to know that play is stopped. The physical education teacher should be knowledgeable of some type of sign language or finger spelling.

Safety Considerations

1. The physical education teacher should know the first aid procedures for treating insulin shock and diabetic coma.
2. Participation for the asthmatic child should occur in areas that are free from dust. The physical education teacher should know proper breathing techniques in case the child has difficulty in breathing. Severely affected asthmatic pupils should only participate with medical approval.
3. At times, hearing aids need to be removed during activity.
4. Slide tackling may be contraindicated in particular instances.

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ADAPTING CRAB SOCCER FOR STUDENTS WITH HANDICAPPING CONDITIONS

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Introduction

Crab soccer may be easily modified to permit children with handicapping conditions to participate with regular pupils without hindering or slowing down the educational development of children without handicapping conditions.

In modifying the game, the play space and team arrangement may remain the same as in regular crab soccer.

General Adaptations

1. All the children in this game would be on scooters.
2. Use lead-up games to orientate the students to the scooters.
3. Reduce the size of the play area and adjust methods for scoring to the ability of the groups playing.
4. A cage ball would be utilized in this game; it is much bigger than a soccer ball, it is easier to hit and much more fun to play with.
5. The players can kick, punch, strike, or throw the ball.
6. As appropriate, assign a buddy to each child with handicapping conditions.

Specific Adaptations

Visually Impaired

A goal locator should be placed at each end line and an auditory device may be connected to the ball.

Hearing Impaired

Hand signals should be used with voice commands to designate the start and stop of the activity. While giving instructions, the impaired should be placed directly in front of the instructor.

Mentally Retarded

Generally, no adaptations are necessary.

Physically Disabled

One Arm Involvement

No adaptations are necessary.

Two Arm Involvement

No special modifications would be needed. The impaired child has use of the legs to propel the scooter and kick the ball.

One Leg Involvement

This would cause no restriction in participation since pupils have the use of one leg and both arms.

Two Leg Involvement

The impaired, in this case, have the use of both arms to effectively participate.

General Safety Considerations

1. Only socks should be worn on the feet.
2. Advise children to be careful not to kick each other.
3. Advise children to keep their fingers away from the bottom of the scooter.
4. The physical education teacher should know the first aid procedures for insulin shock and diabetic coma.
5. Participation for the asthmatic child should occur in areas that are as free as possible from dust. The physical education teacher should know proper breathing techniques in case the child has difficulty in breathing. Severely asthmatic pupils should only participate with medical approval.
6. Different size scooters should be available and safety belts may be used to secure children with handicapping conditions to their scooters (if necessary.

INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN SWIMMING ACTIVITIES

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Introduction

There is an agreement among most physical educators that swimming can contribute much to both the physical and mental aspects of the education of a handicapped person. Besides the specific therapeutic values of water and swimming, there are important recreational and safety benefits. Swimming is so highly valued because it enhances muscular control and coordination, allows for a person with limited mobility to move about with virtually no aid, and helps to develop strength and endurance.

General Adaptations

1. The temperature of the water in most pools should range from 78 degrees to 84 degrees Fahrenheit. For certain individuals, especially for severely involved cerebral palsied persons and persons with orthopedic problems, higher water temperature may be indicated. (The American National Red Cross, 1977, p. 111).

2. The air temperature of indoor pools should ideally be from four to six degrees higher than that of water. Besides controlling condensation on pool walls and ceilings, this will also provide a "comfort zone" for the students. (The American National Red Cross, 1977, p. 112).

3. When planning individual goals for the students, the instructor should be aware of the skill level of the individual rather than the specific handicap.

4. The instructor should use kinesthetic teaching along with demonstrations.

5. The instructor should simplify skills and establish and follow progressions.

6. The instructor should build lessons on previous successful experiences.

7. Games should be modified so all can participate.

8. Many persons with handicapping conditions (especially the deaf and blind) are adverse to getting their face wet. The fear of impairing the senses is a real one, and the instructor should deal with this patiently and with understanding.

Specific Adaptations

Mentally Retarded

1. Repeat instructions slowly and distinctly.
2. Offer a variety of activities to learn a particular skill.
3. Retarded students learn best by doing. Make every effort to get students participating as much as possible.
4. The use of an aide might be necessary for some one-on-one instruction.
5. If drills are to be used, they should be short in duration and diverse.
6. Drill on land before practicing in the water.
7. Most mentally retarded students can and should be integrated into games of low organization.

Visually Impaired

1. The visually impaired child should be completely oriented to facilities.
2. If a demonstration is going to be used, an advanced student or aide can do the actual demonstration while the teacher kinesthetically moves the visually impaired student through the skill.
3. The pool should be roped off separating the deep from the shallow end.
4. All swimming should be done in the same direction.
5. Audible goal locators or any audible device to signal the approach of the ends of the pool may be helpful.
6. Games which make use of a partner or which require contact are recommended.

Auditory Impaired

1. For those students with faulty or easily infected middle and inner ears, a means must be found to protect the ears. Swimming may be contraindicated.
2. Demonstrations should be done slowly and accurately.
3. Flicking lights on and off is a good way to get the attention of the whole class.

Physically Disabled

1. Before the first session in the water, any problem related to getting into and out of the pool should be resolved. The student should learn to get in and out of the pool without assistance, even though it may be a struggle.

2. For the first few lessons, the instructor might require an aide to help the student with balance and getting adjusted to the water.

3. Recovery from either a prone or a supine position should be one of the first skills to be emphasized.

4. The use of fins or flippers for amputees might be advantageous.

5. Floatation devices might be used with individuals who lack buoyancy.

6. Modify the stroke being taught to the ability of the student.

One Arm Involvement

A modified side stroke, with the legs providing most of the power and the one arm pulling is a recommended stroke for persons with one-arm impairment.

Two Arm Involvement

Any stroke done on the back using the power of the legs is a good choice.

One Leg Involvement

A modified back crawl, elementary back stroke, or side stroke are all good choices for basic stroke selection.

Two Leg Involvement

A modified breast stroke or crawl or any modified stroke using effective arm power is a good choice.

Cardiac

1. Gradual involvement in the activities of the pool should be employed.

2. Frequent rest periods may be recommended.

3. Breath holding for any long periods of time will probably be contraindicated.

4. Resting strokes such as the elementary back stroke, breast stroke or side stroke may be taught instead of work strokes.

5. Efficiency of effort in performing tasks should be given high priority when teaching aquatics to cardiac cases. (The American National Red Cross, 1977, p. 45).

Asthmatic

1. Care must be taken to check on student's condition at the time of the class, making sure it is not acute.

2, Activities requiring endurance should be led up to gradually.

3. Limit emotional upset and intense or vigorous activity.

Diabetic

In severe cases, fatigue should be avoided.

Safety Considerations

1. Before any child enters a physical education class, the instructor should check the students medical record of the present year to see what, if any, form of activity is contraindicated.

2. Know the difference between diabetic coma and insulin shock.

3. Be aware of all general first aid principals and emergency techniques. It is the instructors responsibility to know about any handicapping condition a student might have and its first aid implications.

4. The instructor should have a current lifesaving certificate, and if possible, a valid water safety instructors card from the American Red Cross or other reputable institution.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN TENNIS ACTIVITIES

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Introduction

Tennis has become a popular sport in the United States. It is a sport that is played not only in schools, but by many people in all walks of life. It is a relatively strenuous game, but can be adapted in a variety of ways to enable individuals with handicapping conditions to participate.

General Adaptations

1. The size of the court may be decreased so that those with limited movement and those who cannot participate in vigorous activity can play.
2. Regulation scoring may be dispensed with for those whose skills are not adequate to keep the ball in play for any length of time. A possible alternative to regulation scoring would be to count the number of times the ball is successfully returned in a given time period.
3. Those with insufficient arm strength to hold the racquet at arm's length may choke up on the handle.
4. The diameter of the handle should be adapted to each individuals' specific needs.

Specific Adaptations

Mentally Retarded

1. Introduce the mentally retarded to tennis by using lead-up games. These will help them to become acquainted with skills involved in tennis.
2. Use concrete directions and frequent demonstrations.
3. Adjust periods of play to attention span and individual needs.
4. Simplify the rules.

Blind and Partially Sighted

1. Use an audible ball.
2. Use an audible goal locator at the net.

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3. Use bright colors, especially yellow and orange, to mark all boundaries.

4. Use a ball with a larger circumference than a regular tennis ball.

5. Change the texture of the surface surrounding the playing area by using pieces of carpeting or foam rubber well secured to the floor.

Hearing Impaired

Use mutually agreed upon hand signals to replace verbal signals.

Physically Disabled

One Arm Involvement

The only modification is to hold and throw the ball with the racquet hand. If this is not possible, a bounce serve can be used.

Two Arm Involvement

1. These people can play tennis if a functional stump remains on one arm. The racquet may be taped or strapped to the stump.

2. To serve, start by balancing the ball on the face of the racquet. The ball is then tossed into the air by a quick upward movement of the racquet and stroked as it bounces.

3. Pick the ball up by starting it in a roll. As it is rolling, slip the head of the racquet under the ball and bounce it on the face until it can be brought under control and balanced.

One Leg Involvement

People with one leg may be able to play with the use of assistive devices such as crutches, as long as they can learn to balance well enough to use one hand on the racquet.

Two Leg Involvement

1. The reach of the player can be extended by lengthening the handle of the racquet.

2. To decrease the amount of movement for each person, play with three or four people on a side instead of one or two.

Cardiac and Diabetes

1. Do not let the game become too strenuous.

2. Give frequent rest periods.

3. Shorten periods of play.

4. Increase the number of people playing on each side.

5. Use a lighter weight racquet.

6. Decrease the size of the playing area.

Safety Considerations

1. Know each child's medical background and, if necessary, get a physician's permission for participation.

2. For those with balance problems and convulsive disorders, a helmet may be worn for extra protection.

3. Make sure the playing area is open and free of any unnecessary obstacles.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN TRACK AND FIELD AND CROSS-COUNTRY ACTIVITIES

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Introduction

Track and field is a sport which has grown tremendously in popularity. Its wide variety of running, jumping, and throwing events offers numerous opportunities for individuals with handicapping conditions to participate. Some of the events require little or no adaptations, others are readily modified to enable those with more restricted movement to participate. Even those who are prevented by their handicaps from entering team competition can compete against themselves to better their previous time or to increase the distance of their earlier effort (Fait, 1972).

In addition to track and field, cross-country running (along with jogging) has grown immensely in widespread appeal in respect to its attributes of endurance and overall physical fitness. With its varying length and geographic terrain, cross-country is also a sport in which almost all can participate to some extent, including children with handicapping conditions.

This paper is written to present some possible adaptations and ideas for integrating individuals with handicapping conditions in the jumping, throwing, and running events included in the sport of track and field and in the area of cross-country running.

General Adaptations

In many situations, it will be the responsibility of the instructor to find an event in which the child with the handicapping condition will be able to participate rather than adapting the performance of the skills needed for a particular event to his/her capabilities. For example, those with upper limb involvement can participate in running and jumping events while those with lower limb involvement can participate in throwing events (Fait, 1972). Slight modifications in "style" will be the most prevelent general adaptation.

Specific Adaptations

Mentally Retarded

1. Utilize the technique of "simplify-demonstrate-repeat" when teaching the retarded the skills and events needed for track and field events and cross-country running.

2. Go slowly and have the students demonstrate how to perform the skill enabling detection of any problem areas or misunderstandings before actual trial.

3. The substitution of a javelin ball or softball throw for the discus, shot, or javelin may be more realistic in some cases.

4. Shortening of distances, modifying some rules (hand-off relays), or modifying the movement patterns of throws may be adopted depending on the ability of the individual.

5. Substitution of a standing broad jump for the running long jump may be utilized in classes and is an event which can be practiced for Special Olympics competition (along with the softball throw).

6. In regard to cross-country, limit the area covered and start the program by jogging and/or walking the course.

7. Utilize few and simple rules and markings throughout the cross-country course.

Visually Handicapped

1. The success of both cross-country running and track and field events largely depends upon the ability of the physical educator to give precise verbal instructions.

2. Orientation and mobility are very important in aiding the visually impaired participant to become familiarized with equipment and areas designated for competition.

3. In relation to jumping events, the visually impaired perform particularly well in the standing broad jump (Buell, 1950).

4. The high jump and triple jump can also be performed from a stationary position (once Olympic events in the early 1900's). Blind individuals in the high jump may station themselves at the point of take-off, swing their lead leg back and forth to gain momentum and then spring from the take-off leg (Fait, 1972) or simply gather themselves by bending down and springing upward.

5. Placing a different textured surface that may be felt a few steps from the take-off area will enable individuals to know where they are in relation to beginning the jumping sequence or take-off preparation.

6. Before using the shot, discus, or javelin, it would be best to start with a softball throw for distance, accuracy, and observation of individual throwing patterns.

7. In the javelin event, either decrease the distance to a few steps (as not to run over the foul line) or throw from a stationary position (Fait, 1972).

8. If circles are outlined with plywood strips rather than chalk, the visually impaired may compete successfully in the shot-put (Winnick, 1978).

9. Braille diagrams, rules, and regulations for the various field events should be made available.

10. Put children through the motion of jumping and throwing; have them feel you go through the motion; have them demonstrate to you before attempting the throw or jump, to be sure they understand.

11. Outside use the rays of the sun as a sense of direction in determining where to throw or perform.

12. The use of an audible ball will help to reinforce individuals so they will be able to hear how far they have thrown.

13. An audible goal locator can be used to distinguish throwing direction and at what point to take-off in jumping events.

14. Use a bright colored take-off board, high jump poles and bar, and bright colored strips to place on the shot, discus, and javelin so individuals with some sight will be able to see their achievement and be able to retrieve the equipment.

15. Bright colored lane lines, finish lines and ribbon finishing tape could be utilized for the partially sighted runner.

16. Guide wires with drop cord, rope, or partner can be used for sprinting.

17. The inside lane and infield may be modified so that various heights or textures would differentiate the track boundaries.

18. High and low hurdles with brightly painted cross bars would aid the partially sighted participant.

19. An audible goal locator can be placed at finish lines.

20. In regard to cross-country, the course can be modified so that the distance is the same but the course itself is straight.

21. The course could be constructed so that there are "guard rails" or guide ropes all along its distance, helping the blind child stay within the boundaries and on the path.

22. The use of a sighted runner may be utilized, either with contact, sound (blind children follow the sound of the sighted runners in front of them) or a partner tells the blind runner when and how much to turn--right, left, sharp, bending, etc.

23. Use brightly colored markings and colored flags to designate the course.

24. Courses should be free from excessive rocks, stones, or tree roots.

25. A course constructed on pavement, a worn path, or any other distinguishable surface can help participants orient themselves.

Auditory Handicapped

1. Hand signs, waving of flag, green and red signs, or a gun which produces an adequate amount of smoke may be used to signal participants.
2. The individual should understand the various markings made in designating the direction of the course.
3. Have written materials available explaining the events, rules, and diagrams of the various areas involved.
4. When out of doors, position yourself so that you, rather than the auditory handicapped child, face the sun.

Physically Handicapped

1. Familiarize yourself and the students with the various track and field events included in Wheelchair Sports.
2. Know the abilities, limitations, maneuverability, and postural adjustments necessary to successfully participate in these sports.
3. In order for a one or two-arm amputee to participate in jumping events, slight modification in "style" is necessary to compensate for the lack of the use of the arm or arms (Fait, 197).
4. Single leg amputees can perform both the high jump and long jump from a stationary position. They would be stationed at the point of take-off (Fait, 1972).
5. Paraplegics, those on crutches, and wheelchair participants can compete in the throwing events.
6. Beginning with a softball, modifying the weight of the shot or discus, or adjusting the length of the javelin should enhance learning.
7. If individuals are utilizing a prosthetic device, they may find it easier or harder to participate in the events; check to see if the device is able to withstand the impact of the jumping events.
8. In running events, a shortened distance and wheelchair competition are possible modifications and activities.
9. Wheelchair or crutch cross-country can be developed with slight modifications to the course.
10. The course for wheelchair bound students could be limited to paved areas, such as in the Wheelchair Marathon in Ohio, or wheelchair participants in the Boston Marathon.

Diabetic

In severe cases, competitive events should probably be prohibited until the student feels in full control of the situation. However, the diabetic should be encouraged to participate fully in regular vigorous physical exercise.

Cardiopathic and Asthmatic

1. Extent of participation in various track and field events and cross-country should be determined with medical consultation.

2. Shorten the distances and intensity of running events. The inclusion of race walking may be a possible modification (Laird, 1972; Osterhoudt, 1975).

3. Competitive play with its emphasis on winning is contraindicated for most heart patients (Fait, 1972); therefore, de-emphasize the winning aspect and concentrate more on improving tolerance levels and proper breathing techniques.

4. Since emotionality may induce an asthmatic attack in certain cases, decisions on participation in athletics or highly competitive activities should be made with medical consultation. However, every effort should be made to minimize restrictions (Winnick, 1977).

5. Performing various field events from a stationary position may be most feasible.

6. If the activity is to take place on rough or hilly playing areas, the expenditure of energy is likely to be greater, and consideration of this fact should be made in regard to the cardiac patient.

7. Changes in temperature affect both the asthmatic and cardiopathic; adjustments should be made in such situations.

8. In choosing the location of the cross-country course, the teacher should consider environmental factors which may trigger an asthmatic attack.

9. Too vigorous an exercise program, such as forced participation in endurance sports, can be extremely hazardous (Winnick, 1977).

Safety Implications

1. The physical educator should be familiar with the individuals' medical reports and understand the differences in the symptoms and treatments of insulin reaction and diabetic coma.

2. Emphasis should be placed upon the necessity of carrying sugar, in some form, at all times, in case of an emergency (to offset the symptoms of insulin shock).

3. Become familiar with medical records. Determine whether and the extent to which individuals are on medication and the degree or severity of the handicapping condition.

4. Be aware of the warning signals or symptoms of the cardiopathic, asthmatic, and diabetic and try to avoid those situations or atmospheres which may enhance such an attack or danger.

5. Remove as many hard-to-see obstacles for the visually impaired as possible.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN TRAMPOLINING ACTIVITIES*

by Adrian Buchhalter
Graduate Student
SUNY Brockport

Introduction

The trampoline is one of the most appropriate types of equipment to develop rhythm, awareness of body movement in space, cardio-vascular endurance and response to different stimuli. The trampoline also has value because students enjoy it and, therefore, are highly motivated to perform on it.

To have a successful, enjoyable and safe program an instructor with professional preparation in teaching trampoline should be present in the physical education department.

A basic progression of skills is also very important to follow when teaching trampoline skills. An example of a progression is as follows:

1 - mounting and dismounting the trampoline

2 - creeps on the trampoline bed

3 - stands on the trampoline bed

4 - walks on the trampoline bed

5 - bounces on the instructors lap

6 - low bounce with the instructor on the trampoline bed with proper stop

7 - low bounce without the instructor on trampoline bed with proper stop

Once these skills are mastered, you may instruct the child in various stunts such as a seat drop, a knee drop, a front drop, a back drop, and half turns in the air.

General Adaptations

1. Stress exploration of the trampline by the child.

2. So the child develops confidence, hand spot the child by placing one foot on the trampoline bed and the other on the trampoline frame.

3. Use an overhead spotting harness, if one is available, for a child who is having great difficulty. Only use the overhead belt if you are well trained in the use of this spotting device.

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*This paper is in accordance with AAHPER Position Statement, JOPER, October 1978 issue.

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Specific Adaptations

Visually Impaired and Blind

1. Weave a rope through the middle of trampoline. This will mark off the center so that the visually impaired student can feel it with his or her feet.

2. The instructor can help orientation by constantly talking to the performer while standing at the end of the trampoline.

Auditory Impaired

1. Always face the deaf student when giving oral instructions.

2. Develop large cue cards.

3. Use physical demonstrations.

4. Develop a signal for starting and stopping performance.

Mentally Retarded

Provide slow, concrete and repetitious instructions.

Physically Disabled

One Arm Involvement

1. Use a step ladder to mount and dismount if needed.

2. Spot the student on the affected limb side.

Two Arm Involvement

Front drops may be contraindicated.

One and Two Leg Involvement

Be sure, if prosthetic device is worn, that it fits properly and it is not causing injury to the student.

Cardiovascular-Respiratory Conditions and Asthmatics

1. Shorten the performance time.

2. Provide frequent rest periods.

3. The front drop and back drop can have serious effects on a student who has severe chronic lung disease (particularly if he or she is thin). (Adams & Adamson, 1973, p. 86).

Safety Considerations

1. For safety implications of any trampoline program, refer to the "AAHPER Position Statement on the Use of Trampolines and Minitramps in Physical Education" appearing in the October 1978 issue of the *Journal of Physical Education and Recreation*, Volume 49, Number 8, page 14. Some important points that appear in this statement are as follows:

    a. The trampoline program should be offered as an elective.

    b. Properly position spotters around the trampoline.

    c. Somersaults are not to be permitted in regular physical education classes.

    d. The apparatus must be locked at all times when proper supervision is not present.

    e. The apparatus must be inspected regularly.

    f. Policies for emergency care should be well planned.

2. Check the medical record of the deaf students for semicircular canal damage which may effect balance ability.

3. Be knowledgeable of any medication that students with handicapping conditions may be taking that may effect performance.

4. Coordinate physical activity with insulin and food intake with diabetic students.

5. Teach cardiac students to monitor their own pulse rate during activity.

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INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS IN WRESTLING ACTIVITIES

by Adrian Buchhalter
Graduate Student
SUNY Brockport

Introduction

Wrestling is one of the oldest sports known to man. In physical education and athletic programs, wrestling is usually offered on the high school and college levels. Wrestling requires and develops strength, flexibility, balance, coordination of body limbs and cardiorespiratory endurance. It is a sport highly recommended for students with visual impairments.

General Adaptations

1. Demonstrations, both in person and on videotape can be very helpful.

2. Regular students should be paired with students with handicapping conditions during instructional phases.

Specific Adaptations

Visually Impaired

1. Start performance with initial hand contact.

2. Keep area as quiet as possible as instruction is given.

3. Stress kinesthetic teaching.

4. Boundaries should be marked off by brightly colored mats or tape.

5. Emphasize counter moves.

Hearing Impaired

1. Always face deaf students during the lecture phase of instruction.

2. Carefully present visual demonstrations of wrestling moves.

3. Develop ways of communication between deaf and hearing students.

4. In competition, a flag or light should be used to signal starting and stopping of the activity.

Mentally Retarded

1. Use concrete teaching techniques and demonstrations.

2. Repeat demonstrations with wrestling skills broken down to simplist form.

3. Repeat prior lessons.

4. Progress students from one skill to the next when they are ready.

Physical Disabilities

One Arm Involvement

1. Remove prosthetic device if it is harder than a natural limb.

2. Stress one arm wrestling maneuvers.

3. If possible, have unimpaired student simulate impairment.

One Leg Involvement

1. Start from referee's position.

2. Reduce wrestling area.

Two Arm Involvement

When working with these students, stress wrestling warm-up activities and leg wrestling maneuvers. Regular competition with this type of handicapping condition will be difficult.

Two Leg Involvement

When working with these students, all wrestling maneuvers should be taught from the mat, stressing arm techniques. The wrestling area should also be reduced.

Cardiovascular-Respiratory Conditions

1. Ordinarily, these students should only participate with medical approval.

2. Provide frequent rest periods.

3. Actual participation in competition may be contraindicated.

Diabetic

1. Avoid wrestling maneuvers that might cause circulatory constriction.

2. In severe cases, highly competitive activities may be contraindicated.

3. Coordinate activity with insulin and food intake.

Asthmatic

1. Provide frequent rest periods during the performance aspect of the lesson.

2. Highly competitive activity may be contraindicated.

3. Keep mat free from dust accumulation.

Safety Considerations

1. Use headgear to prevent accidents.
2. Be knowledgeable of any medication that is being taken by students with handicapping conditions.
3. Observe and record any unusual changes in physical condition of the students with handicapping conditions during and after performance.

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EVALUATION METHODS AND DATA EMPLOYED IN THE MAINSTREAMING SUBCOMPONENT

by Jan Hurwitz
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Introduction

Over the past three years, various activities dealing with mainstreaming persons with handicapping conditions in physical education have been planned and implemented as a part of the Mainstreaming Subcomponent of the Special Physical Education Preparation Project at the State University of New York College at Brockport. First, in February, 1977, a National Symposium on Mainstreaming in Physical Education was conducted by the State University College at Brockport. Second, two years of cooperation and planning among project faculty, the physical education curriculum committee, and the Competency Based Teacher Education committee of the physical education unit at Brockport have resulted in several changes in the Brockport curriculum related to mainstreaming. Finally, in the academic year 1978-1979, graduate students of the Special Physical Education Project worked with faculty teaching sport/activity clinic courses so that they would include learning experiences pertaining to mainstreaming in their courses.

In the following four sections, data pertaining to these three mainstreaming activities will be presented and discussed. The first section will deal with data associated with the National Symposium. In the second section, the changes that have been made in the Brockport Physical Education curriculum related to mainstreaming will be discussed. A summary of faculty reactions to the mainstreaming subcomponent in relationship to professional courses is presented in section three. Finally, section four deals with graduate student reactions to selected aspects of the mainstreaming subcomponent.

National Symposium on Mainstreaming in Physical Education

A "National Symposium on Mainstreaming in Physical Education" was conducted in Rochester, New York on February 10-12, 1977. The Symposium was planned by the Drs. Joseph Winnick, Paul Jansma and Ronald French as an element of the Mainstreaming Subcomponent of the Special Physical Education Preparation Project at the State University College at Brockport. The program consisted of twenty-one presentations dealing with both theoretical and practical aspects of mainstreaming in physical education.* In the next two sub-sections, highlights of an analysis of the registrants and the registrants overall evaluation of the Symposium will be presented.

Analysis of Registrants

A total of 236 persons registered for the Symposium. These individuals came from a total of 20 states. The impact data revealed that in addition to these

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*A copy of the complete program is included in the Appendix.

236 registrants, a total of 612 college/university students enrolled in courses dealing with the education of the handicapped were being taught by 29 of the registrants. Additionally, a total of 5,225 handicapped individuals were directly being served by registrants and 1,798 personnel, affecting 11,111 handicapped individuals, were directly supervised by registrants.

Symposium Evaluation by Registrants

Seventy-one evaluation forms were completed by Symposium registrants. These seventy-one evaluations represented 30 percent of the registrants. The data collected from these evaluations reflected the overall quality of the Symposium, utilizing a scale of 1-7 (7 was the best rating possible) for seven questions. The overall rating of the Symposium's quality, in terms of an analysis of the ratings for the seven questions, was a mean of 5.49, a median of 5.88 and a mode of 6. The following table is the data collected on each of the seven questions.

Overall Symposium Evaluation by Rating Form Respondents
(N = 71)

	Mean	Median	Mode	Standard Deviation
1. Selection of Speakers	5.93	5.95	6	0.64
2. Quality of Presentations by Speakers	5.56	5.71	6	0.85
3. The Topics Selected for the Symposium	5.79	5.91	6	0.96
4. The Sequence of the Symposium	5.30	5.62	6	1.36
5. Size of the Symposium (number of people)	5.16	5.65	6	1.64
6. Meeting Facilities	5.73	5.88	6	1.12
7. Lodging Facilities	5.09	5.82	7	2.36
8. Overall Rating	5.49	5.88	6	1.65

Of the suggestions made for the content of a follow-up Symposium, the most common was to show specific programs and activities in action, and the equipment used. The most frequent miscellaneous comment was the expression of the need for local, zone and statewide workshops for teachers, administrators and school board members.

In summary, the Symposium was well attended and had both a direct and indirect effect on the education of many individuals with special needs. Additionally, the overall rating of the Symposium by the registrants spoke very favorably about the quality of the effort.

Changes in the Undergraduate Curriculum

In assessing changes in the undergraduate curriculum it is necessary to consider and distinguish the present program which will be functioning until September 1980 and the projected Competency Based Teacher Education (CBTE) program which will be implemented in September 1980. In discussing the present program, it is necessary to further distinguish the two options in the Teacher Education Program (see page 14). As has been mentioned previously, Option I contains nine hours of theory courses and a 15 hour student teaching experience. As a result of this project, all courses within Option I include units, topics, or modules pertaining to mainstreaming. The nature of these are presented in an earlier paper in this manual beginning on page 14. In Option II, three different types of experiences are offered. First, nine hours of professional theory courses duplicating those in Option I are offered, a six hour student teaching experience is included and six hours of clinic are elected. In regard to the nine-hour professional course offering, each one of these courses has included a topic, unit or module pertaining to mainstreaming within it. In addition to this nine-hour block that includes the same courses that appear in Option I, Tests and Measurements and Adapted Physical Education are offered. A module has been incorporated in the Tests and Measurements course and several changes to enhance mainstreaming have been incorporated in the undergraduate Adapted Physical Education course. In regard to the six-hour student teaching course, students will be provided an opportunity to teach in settings in which children with handicapping conditions are integrated with those children without handicapping conditions. Thus, students will have an opportunity to observe and work with children with handicapping conditions in integrated or mainstreamed settings. The final portion deals with six hours of clinics. Students pursuing Option II must take six clinics from the thirteen clinics which are offered. Presently, five of the clinic courses have included a unit, module or topic dealing with mainstreaming.

One of the chief outcomes of the project in regard to the present program is the Mainstreaming Addendum which has been approved by the Faculty of Physical Education. This addendum appears in another section of this manual (pages 17-25). With the exception of clinic courses, it describes all of the changes in the current program which have resulted from efforts associated with the mainstreamin subcomponent.

Changes in the projected CBTE program have already been presented in another section of this manual (see pages 26-35). A review of the projected CBTE program reveals that at least 23 competencies are explicitly and directly involved with mainstreaming or are related to mainstreaming to some extent. In addition, 120 other competencies, generic in nature, are included in the program. The fact that these 23 competencies have been identified and have been included indicates progress in the new program in preparing undergraduate physical educators to mainstream. Since every student in the program will be required to meet these competencies, the projected CBTE program should provide better training for physical educators to mainstream than the existing program.

Faculty Reactions to Mainstreaming in Basic Required and Elective Clinic Professional Courses - Present Program

As described in the previous section, changes were made in the Brockport curriculum as a result of several years of planning between the project staff and physical education department faculty members. Much work was done with faculty members teaching basic and clinic professional courses. This work involved helping the faculty to include content related to mainstreaming in their courses.

In the Spring of 1979, the faculty involved in teaching professional physical education courses were sent a form to determine the changes that have been made in their courses related to mainstreaming. The reactions of the faculty are summarized in the next two sub-sections.

Faculty Reactions to Mainstreaming - Basic Required Courses

The basic required professional courses (a total of eight) are courses and experiences designed to provide students with teaching knowledge, skills, attitudes and practical experiences. These courses are the major theoretical portion of the teacher education program. A total of thirteen faculty members, representing seven of the eight courses, returned the form. In responding to the question, "have you incorporated any lecturers, units, models, or any other experiences pertaining to mainstreaming in this course," twelve responded yes, one responded no, and there was one no response. For those who had answered in the affirmative, but not teaching the Adapted Physical Education course, the average amount of time spent dealing with the mainstreaming concept was two hours and ten minutes. The mainstreaming experiences introduced in the courses included such things as lectures, outside assigned readings, worksheets, student presentations, issue debates, laboratory experiences, individualized education programs, and individualizing instruction.

In response to the question, "has any member of the mainstreaming staff delivered presentations in your course," eight indicated yes and six no. The average number of times the mainstreaming staff delievered presentations in courses was 1.7 and the average duration of the presentations was fifty-eight minutes.

In dealing with questions about receiving information pertaining to mainstreaming, twelve faculty indicated that they had received information from a project staff member. Of the twelve, ten have used the materials in the course, one did not use the materials and one did not respond. Ten faculty also used the materials as a resource and two did not respond to this question. The types of materials the faculty received from project staff included a monograph dealing with PL 94-142 and its implications for physical education; a packet on mainstreaming; information dealing with standardized tests for impaired, disabled, and handicapped persons. In response to a question pertaining to how information pertaining to mainstreaming was obtained, the following was indicated: four attended the National Mainstreaming Symposium held in Rochester in 1977; six attended project inservice sessions conducted at the Brockport campus; twelve had discussions with project faculty; nine had out-of-class discussions with project graduate students; ten read materials disseminated by project staff; seven had discussions in committee meetings with project staff; eight had presentations delivered by project staff in class; and six received information from projects completed by students.

When asked if they felt adequately equipped to develop the knowledges/skills pertaining to mainstreaming relevant to their respective courses, ten felt they were prepared, one felt unprepared, and two stated that the question did not apply.

In the final section of the survey, additional narrative comments were welcomed. The following statements were made: "You are doing a good job--your materials are most helpful"; "Keep up the good work. Let me know if I can ever help in any way"; "Thanks to the graduate students and for the written materials distributed by the staff. They have been helpful".

Faculty Reactions to Mainstreaming - Elective Clinic Courses

The professional clinic courses (a total of thirteen) are designed to develop teaching/coaching skills in several sport/activity areas. A total of eight faculty members who taught eight of the clinic courses reacted in regard to the inclusion of mainstreaming information in their courses.

Of the eight faculty who had responded, four had included lectures, units, or modules pertaining to mainstreaming in their course, and four had not. The average amount of time that was spent dealing with mainstreaming in the courses was sixty-five minutes. The nature of the experiences provided in the courses were such things as class lecture followed by discussion, presentations by graduate students, and role playing in various activities.

In two of the clinic courses, presentations were delivered by a number of the project staff on an average of one time for each class. The average duration of the presentations was fifty-two minutes.

Of the eight faculty respondents, five felt adequately equipped to deal with the topic of mainstreaming in their course and three did not. Finally, additional narrative comments were welcomed and the following responses were made: "In ten years of teaching, I have never had a handicapped student show an interest in a track class, much less competition. The necessary modifications are generally easy to make, however, such students should present only minimal problems in adapting class techniques"; "I just need to take advantage of the services".

Graduate Student Reactions to Mainstreaming - Basic Courses

For the past three years, graduate students of the Special Physical Education Project have been involved in working with faculty members who teach basic professional and clinic courses in the teacher education program. The reactions of the eight graduate students to this activity were assessed. In the next two sub-sections, the graduate students' reactions will be summarized.

Graduate Student Reactions Pertaining to Basic Required Courses

Over the past three years, project graduate students have guest lectured approximately twenty-four times in undergraduate basic professional courses. The average lecture time was one hour and six minutes. During the lectures, handouts dealing with such topics as the concept of mainstreaming, individualized education programs, and PL 94-142 were distributed. Some significant results of the lectures that were noted by the graduate students were: the undergraduate students were extremely interested in the area of Special Physical Education and requested additional materials; all of the instructors of the courses included, or planned to include, at least one class session dealing with physical education and its relationship to pupils with handicapping conditions.

Graduate Student Reactions Pertaining to Elective Clinic Courses

During the 1978-79 academic year, the eight project graduate students were heavily involved in working with faculty of clinic courses on how to deal with the topic of mainstreaming in their respective sport areas. As mentioned in section three, the thirteen clinic courses are designed to develop teaching and coaching skills in various sport areas.

The eight graduate students contacted fourteen faculty members who taught twelve of the clinics. The average number of meetings the graduate students had with each of the faculty members was 1.7. The average time spent in meeting was one hour and fifteen minutes. Two of the graduate students made presentations in clinic courses for an average of fifty-two minutes.

Ten faculty members received information from the graduate students in the form of a paper written by the student him/herself on mainstreaming in their particular sport area. Additionally, one instructor received a bibliography of readings on mainstreaming and integration.

Of the fourteen faculty members contacted, five were including a unit on mainstreaming in their course, eight were not, and the course content of two of the clinics was not known. Of the eight who were not including mainstreaming information in their courses, one was considering including a unit, and one was going to disseminate information in the form of a handout.

One significant result of the meeting between one graduate student and faculty member was stated as being the suggestion by the faculty member for the student to publish her article in a professional sport magazine.

Additional narrative comments made by the graduate students were: two faculty members stated that their courses were too short to include any information on mainstreaming; one faculty member stated that he would never include mainstreaming information in his course; two students found the faculty receptive to any information; and one student found the faculty member resentful of a student offering information.

Summary

In summary, various activities dealing with the topic of mainstreaming and the relationship to physical education have been conducted at the State University of New York College at Brockport as part of the Special Physical Education Preparation Project. In this article, assessment pertaining to the National Symposium held in Rochester in 1977, the Brockport physical education curriculum, and faculty and graduate student reactions to selected aspects of mainstreaming in professional courses were presented in detail. This information provides a basis for the overall evaluation of the project which is presented in the following paper.

OVERALL EVALUATION OF THE MAINSTREAMING SUBCOMPONENT

by Joseph P. Winnick
Professor
SUNY Brockport

This subcompnent was designed essentially to improve the physical education of pupils with handicapping conditions in mainstreamed settings by developing a preservice training program which would develop the competencies needed by regular physical educators to conduct these programs. It was assumed that this goal would be accomplished by reaching the following objectives: (1) study and determine, through institutes and other activities, the appropriate competencies needed by regular physical educators to conduct programs that are mainstreamed and to determine the adequacy of the existing program for such preparation; (2) identify and propose appropriate modifications and/or changes in the present certification program in physical education; (3) provide inservice activities so the present faculty could implement the program; (4) develop methods of evaluation and evaluate the program.

In regard to the first objective, it is clear that this project was successful in identifying the competencies necessary for regular physical educators to conduct programs that are mainstreamed. A survey, eliciting responses from professional personnel from the State of New York, as well as throughout the United States, was conducted to determine competencies needed by regular physical educators to conduct programs which are mainstreamed. The results of this survey served as a basis for curriculur analysis and recommendations pertaining to the program at the State University College at Brockport.

In regard to the second objective, an analysis of the present program indicated that several changes were necessary in order to adequately prepare personnel for mainstreaming. The recommended changes in the present program were summarized in an addendum to the undergraduate physical education certification program. The current program will be supplemented by changes in the courses as identified in the addendum.

Since Adapted Physical Education is required in Option II of the Teacher Education Program, this portion of the Teacher Certification Program will definitely prepare undergraduates to mainstream programs. However, it is also a fact that Option I still does not require Adapted Physical Education. In the judgement of the project director, this phase of the program will not adequately prepare undergraduate majors to mainstream programs. However, Option I contains units, topics, or modules in courses which will better prepare individuals than before this project began. This inadequacy in Option I will be temporary.

In regard to future programming, positive changes have occurred as a result of this project. The Competency Based Teacher Education (CBTE) program in physical education to be implemented in 1980, includes 23 competencies explicitly and implicitly related to mainstreaming. Although the final program has yet to be approved, it is expected that it will include both theoretical experiences pertaining to individuals with handicapping conditions and a field experience which will include pupils with handicapping conditions. Most important, every student pursuing provisional certification in physical education will be required to meet these minimal competencies.

In regard to the third objective, i.e., provide inservice activities for the present faculty to implement programs, the success of the project has been good. Many inservice activities were offered and many faculty benefitted from them. A small percentage of the total faculty did not take advantage of the inservice activities. A small percentage of faculty are not yet receptive to including competencies pertaining to mainstreaming in their courses.

In regard to objective four, i.e., to develop methods of evaluation and evaluation programs, the project has been quite successful. This judgement is based on data which have been collected and analyzed. However, these data indicate that further work must still be done. Many faculty have only recently begun to incorporate mainstreaming learning experiences and developed an awareness to the level where they are receptive to inservice activity. This additional work will be continued.

In summary, it is clear that many gains have resulted because of the project. Most notably is the CBTE program to be implemented in 1980. This program will have competencies which should prepare undergraduates well for mainstreaming programs. Since Adapted Physical Education has not been required in the undergraduate program and will be required in 1980, this is considered a major accomplishment. It is also true that the awareness level of the faculty has been raised, and the overall program is more concerned with children with handicapping conditions than it has ever been before. Although the projected CBTE program is still under study, it appears that it has the potential of meeting all the competencies which were identified in the state and nationwide survey.

Although many gains were made, much work still remains. The project began to reach faculty teaching courses in the elective clinic aspect of the program in its third year. Only about 40 percent of faculty teaching these courses have decided to include competencies pertaining to mainstreaming in their course. However, a great deal of progress has been made in this area since this phase of the project began in September 1978. This work will continue and hopefully by 1980, 75 to 80 percent of faculty teaching courses will include competencies pertaining to mainstreaming within them.

Special Physical Educators studying mainstreaming have consistently written that competencies for mainstreaming should be developed throughout the entire program rather than in isolated courses dealing with individuals with handicapping conditions. This project director has also been an advocate of this approach. As a result of this project, it is clear that this approach is still valid. Adequate preparation for mainstreaming must touch every course in the curriculum. However, it is still important to group a core of competencies pertaining to individuals with handicapping conditions and have them developed by a faculty with a primary interest in this area. Although it is unfortunate, this is a reality which must be recognized. The preparation of teachers for mainstreaming cannot be left solely to regular educators or regular physical educators. Each program in physical education must include courses or experiences specifically earmarked for concerns of individuals with handicapping conditions which are taught by individuals with a primary interest in the sub-discipline of Special Physical Education.

In essence, the project at Brockport has made competencies related to mainstreaming a required part of the total program and has convinced a large percentage of regular physical educators to include competencies in their courses related to mainstreaming. It has also identified core competencies which must be taught by special physical educators. The program, thus, integrates special and regular physical educators as they prepare teachers for mainstreaming. With this improvement, graduates of undergraduate programs will have a greater awareness in this area than they ever have had before. To this extent, this project was a success.

APPENDIX

NATIONAL SYMPOSIUM ON MAINSTREAMING IN PHYSICAL EDUCATION

NATIONAL SYMPOSIUM ON MAINSTREAMING IN PHYSICAL EDUCATION*

February 10-12, 1977

Americana of Rochester
70 State Street, Rochester, N.Y.

Conducted by
The State University College, Brockport N.Y.

February 10, 1977-Thursday

REGISTRATION AND RECEPTION 6:15 P.M. - 7:15 P.M.

SESSION I

7:15 p.m. - 7:30 p.m.		Introduction and Welcome
	by	Joseph P. Winnick, State University College, Brockport, N.Y.
7:30 p.m. - 8:15 p.m.		The Meaning and Value of Mainstreaming
	by	Horace Mann, State University College, Buffalo, N.Y.
8:15 p.m. - 9:00 p.m.		The Meaning and Implications of Mainstreaming in Physical Education
	by	Julian Stein, American Alliance for Health, Physical Education and Recreation, Washington, D.C.
9:15 p.m. - 10:00 p.m.		Resource Material on Mainstreaming and film: "Those Other Kids"
	by	Julian Stein, American Alliance for Health, Physical Education and Recreation, Washington, D.C.
10:00 p.m.		Social

February 11, 1977-Friday

REGISTRATION 8:00 p.m. - 8:30 p.m.

SESSION II

8:15 a.m.		Coffee
8:30 a.m. - 9:20 a.m.		Issues Pertaining to Mainstreaming
	by	Maynard C. Reynolds, University of Minnesota
9:30 a.m. - 10:15 a.m.		Education for All Handicapped Children Act (PL 94-142): Implications for Mainstreaming
	by	William Chasey, George Washington University

SESSION III

10:30 a.m. - 11:15 a.m.		The Special Olympics and Mainstreaming
	by	Thomas Songster, Joseph P. Kennedy, Jr. Foundation, Ralph Provenza, Director of the Special Olympics of New York State, Jim Flanagan, Association for Retarded Citizens, Troy, New York.
11:15 a.m. - 12:00 p.m.		Legislation Pertaining to and Status of Mainstreaming in New York State
	by	Bernice Kipfer, Assistant Commissioner, Office for the Education of Children with Handicapping Conditions, New York State Education Department.
12:00 p.m. - 1:15 p.m.		Luncheon

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* The symposium planning committee consists of Joseph P. Winnick, Ronald W. French, and Paul Jansma. The symposium is being conducted with funds provided by the Bureau of Education for the Handicapped, U.S. Office of Education, Grant No. G007402652. The points of view presented in the symposium are those of the speakers and do not necessarily reflect the position or policy of the U.S. Office of Education and no official endorsement by the U.S. Office of Education should be inferred. Attendance at the symposium is encouraged by the NYSAHPER Central Western Zone.

SESSION IV

1:30 p.m. - 2:15 p.m. The Development of Teacher Competencies Through Pre-Service Education
by Raymond Weiss, New York University
2:15 p.m. - 3:00 p.m. In-Service Training for Mainstreaming
by Paul Jansma, State University College, Brockport, New York

SESSION V

3:15 p.m. - 4:00 p.m. Federal Mainstreaming Projects in Physical Education
by William Hillman, Bureau of Education for the Handicapped, U.S. Office of Education, Washington, D.C.

SESSION VI Small Group Discussions

4:15 p.m. - 4:45 p.m.
4:50 p.m. - 5:20 p.m. Symposium Participants will be provided opportunities to meet with symposium speakers for small group discussions.
5:30 p.m. - 6:45 p.m. Dinner

SESSION VII

7:00 p.m. - 8:15 p.m. Identification and Analysis of Currently Operating Mainstreaming Programs in the United States
by Jack W. Birch, University of Pittsburgh
8:15 p.m. - 9:15 p.m. Consumer Reaction to Mainstreaming
by Ronald W. French, State University College, Brockport, New York
In this session, the moderator and symposium participants will interview individuals with handicapping conditions and parent(s) relative to their reaction to mainstreaming.
9:30 p.m. Social

February 12, 1977-Saturday

REGISTRATION 8:00 a.m. - 8:30 a.m.

SESSION VIII

8:15 a.m. Coffee
8:30 a.m. - 10:00 a.m. The Saratoga Springs Mainstreaming Program (Emphasis: Mentally Retarded, Educationally Handicapped)
by Richard Lyman (Principal) and Patricia Seligman (Physical Educator) Saratoga Springs City Schools, N.Y.

SESSION IX

10:15 a.m. - 11:00 a.m. Project Active's Approach to Mainstreaming
by Thomas Vodola, Township of Ocean School District, New Jersey
11:15 a.m. - 12:00 p.m. Project Aquatics - Mainstreaming
by Grace D. Reynolds, YMCA of Southwest Washington, Longview, Washington
and
The Jefferson Physical Education Program for the Physically Handicapped
by James DeBell, City School District, Rochester, N.Y. (Crossroads Room)
12:00 p.m. - 1:15 p.m. Luncheon

SESSION X

1:30 p.m. - 2:15 p.m. The Development of Individualized Education Program for the Handicapped
by David Auxter, Slippery Rock State College, Pa.
2:15 p.m. - 3:00 p.m. Special Problems in Mainstreaming the Mentally Retarded
by David Auxter, Slippery Rock State College, Pa.
and
Special Problems in Mainstreaming the Visually Handicapped
by Chuck Wetzel, New York State School for the Blind, Batavia, N.Y. (Crossroads Room)

SESSION XI

3:15 p.m. - 4:00 p.m. Principles for Mainstreaming the Deaf
by Milo Bishop, National Technical Institute for the Deaf (NTID), Rochester, N.Y.

and

Special Problems in Mainstreaming the Orthopedically Handicapped
by James DeBell, City School District, Rochester, N.Y. (Crossroads Room)

REGISTRATION AND FEE

Anyone interested is welcome to attend the symposium. No fee is required for admission to symposium activities. Although registration may occur on the days of the conference, it is requested that individuals pre-register as soon as possible to enhance planning by the conference planning committee. Registration may be made by completing the registration form or writing to Joseph P. Winnick, Physical Education Faculty, State University College, Brockport, N.Y. 14420.

LODGING

Overnight accommodations at the Americana of Rochester will be provided free of charge for the first 100 selected participants. Applications for these accommodations may be made by completing the attached registration form. In selecting participants for free accommodations, preference will be given to those unable to commute to Rochester for the conference. Participants not granted free lodging but who wish to lodge at the Americana of Rochester should complete the attached application and the symposium director will make arrangements.

MEALS

Symposium participants will be requested to make their own arrangements for breakfast and dinner (restaurants are easily accessible). Reservations at the Americana of Rochester will be made for luncheons on February 11 and 12 for those desiring the same. Participants desiring such reservations should indicate this on the application form.

TRANSPORTATION

Participants reserving a room at the Americana of Rochester will be provided free limousine service to and from the airport. However, it is necessary that those needing such service indicate arrival and departure time on the application form.

Joseph P. Winnick, Physical Education Faculty
State University College
Brockport, N.Y. 14420